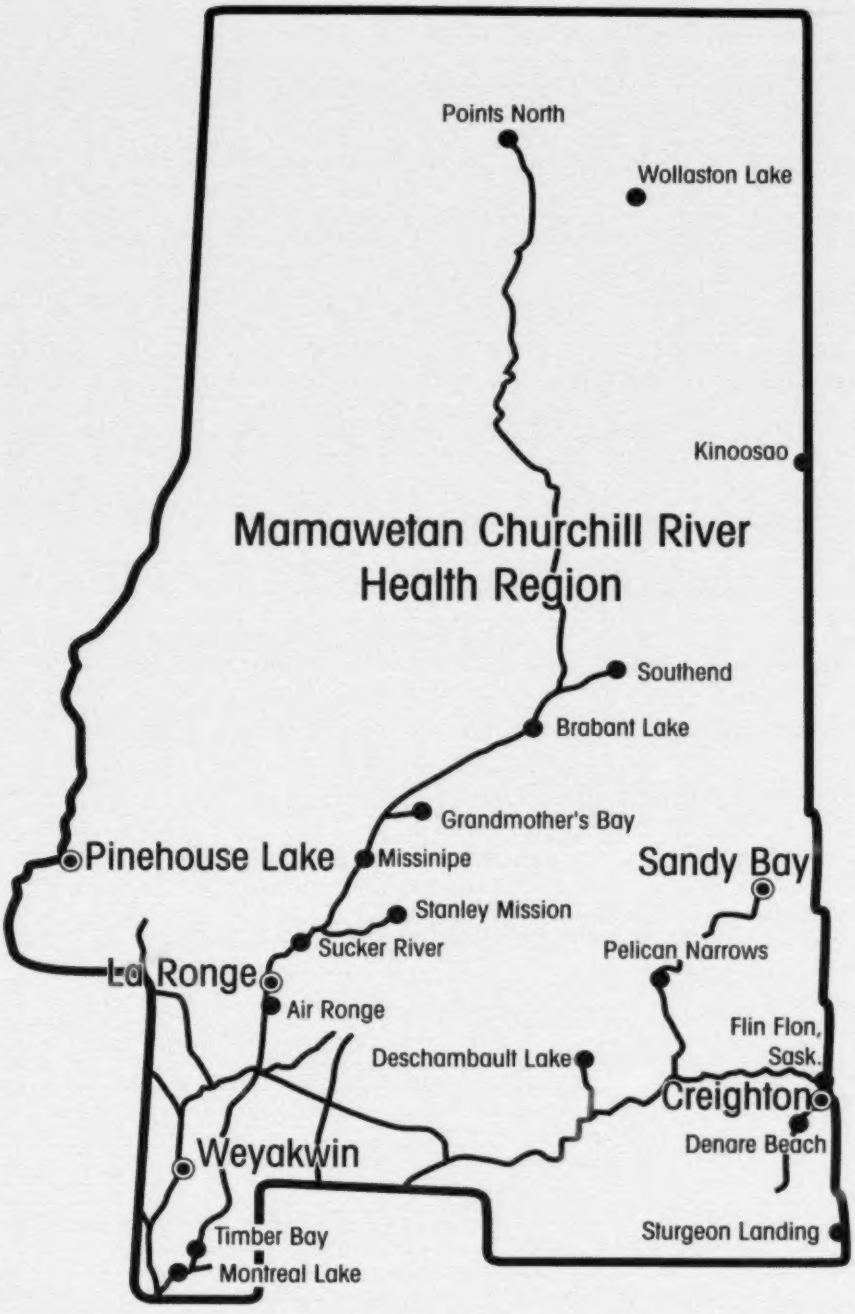
Mamawetan Churchill River Health Region

Annual Report 2015-2016

Photo by Elaine Kaloustian: Day 1 of the 2015 Egg Lake Fire

Together in Wellness

www.mcrhealth.ca



2015 Population: 24,442

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The electronic version of this annual report may be found at: **www.mcrhealth.ca**

Letter of Transmittal

Mamawetan Churchill River Health Region

Working together in wellness to promote, enhance and maintain quality of life.

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La Ronge, SK
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Phone: 306-425-2422
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To the Honourable Dustin Duncan
Minister of Health
Room 302, Legislative Building
2405 Legislative Drive
Regina SK S4S 0B3

Dear Minister Duncan:

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2015-16 annual report.

This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2016.

Respectfully submitted,

Ron Woytowich, Chairperson
Mamawetan Churchill River Regional Health Authority

www.mcrhealth.ca

Introduction

This annual report presents the Mamawetan Churchill River Regional Health Authority's activities and results for the fiscal year ending March 31, 2016. It reports on public commitments made and other key accomplishments of the regional health authority.

Results are provided on the publicly committed strategies, actions and performance measures identified in the strategic plan. This report also demonstrates progress made on commitments.

The 2015-16 Annual Report provides an opportunity to assess the accomplishments, results and lessons learned, and to identify how to build on past successes for the benefit of the people in the Mamawetan Churchill River Health Region.

The organization acknowledges responsibility for the preparation of this report. It has confidence in the reliability of the financial statements, as they have been audited by an independent third party and reviewed by the Provincial Auditor.

Data tables related to sick time usage, wage-driven premium hours and workers' compensation claims have been provided by the Mamawetan Churchill River Regional Health Authority's administrative services and the Ministry of Health.

Key areas have been selected for reporting based on the strategic plan and priorities determined by the Regional Health Authority Board. The interpretation embedded in the reporting reflects the best judgement of the organization's leaders.

Alignment with Strategic Direction

The Ministry of Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. It establishes policy direction, sets and monitors standards, provides funding, supports regional health authorities, and ensures the provision of essential and appropriate services.

The Mamawetan Churchill River Regional Health Authority works collaboratively with the Ministry of Health and with other partners to support the over 24,000 residents of the region, spread over a large geographical area, in achieving their best possible health and well-being.

Guiding the regional health authority is a mission, vision and values statement that was developed in consultation with the staff and approved by the Board.

Putting Patients First
Transforming Health Care through Lean
Mamawetan Churchill River
Health Region
Our Mission
Working together in wellness to promote, enhance, and maintain quality of life.
Our Vision
External: Vibrant and diverse communities, rich in northern heritage, tradition, and culture.
Internal: A safe, respectful environment of teamwork, learning, and continuous quality improvement, representative of the communities we serve.
Our Values
Wholistic Approach| Equity|Accountability|Competence| Trust| Team Approach
Goals
Better Health
Better Care
Better Teams
Better Value
2015-16 Projects:
Primary Care Re-design
-Refining services case managers provide to deliver enhanced comprehensive primary health care.
Safety
-Implementation of Safety Management System
-Improving critical incident reporting
-Improving incident reporting
Principles
Client and Family Centred Care - Think and Act as One System - Continuous Improvement - Culture of Safety
SASKATCHEWAN HEALTH CARE MANAGEMENT SYSTEM

The Mamawetan Churchill River Health Region utilizes Lean as its primary means of quality improvement. Lean is a patient-focused approach to managing and delivering care that continuously improves how we work.

Quality improvement initiatives make health care better in several ways:

- Patients have better health outcomes.
- Lean operates on principles and philosophies that teach us to see opportunities for improvement and provides us with tools to achieve efficiencies.
- It increases safety, by eliminating defects and errors.
- Staff doing the work are the ones who look for improved efficiencies and find better ways to deliver care.
- It reduces cost.

During the 2015-16 fiscal year, the Mamawetan Churchill River Regional Health Authority continued developing a system-wide strategy deployment process in collaboration with the Ministry of Health, other regional health authorities, and the Saskatchewan Cancer Agency. Mamawetan Churchill River Regional Health Authority continues to use strategy the strategy deployment process. The breakthrough initiatives for 2015-16 were:

Primary Care Re-design

This breakthrough initiative originated in the 2014-15 fiscal year and continued by:

- Achieving structured roles for the case managers in the La Ronge Medical Clinic
- Working collaboratively with physicians in supporting patients with chronic disease

Safety

There are three facets of the safety breakthrough initiative:

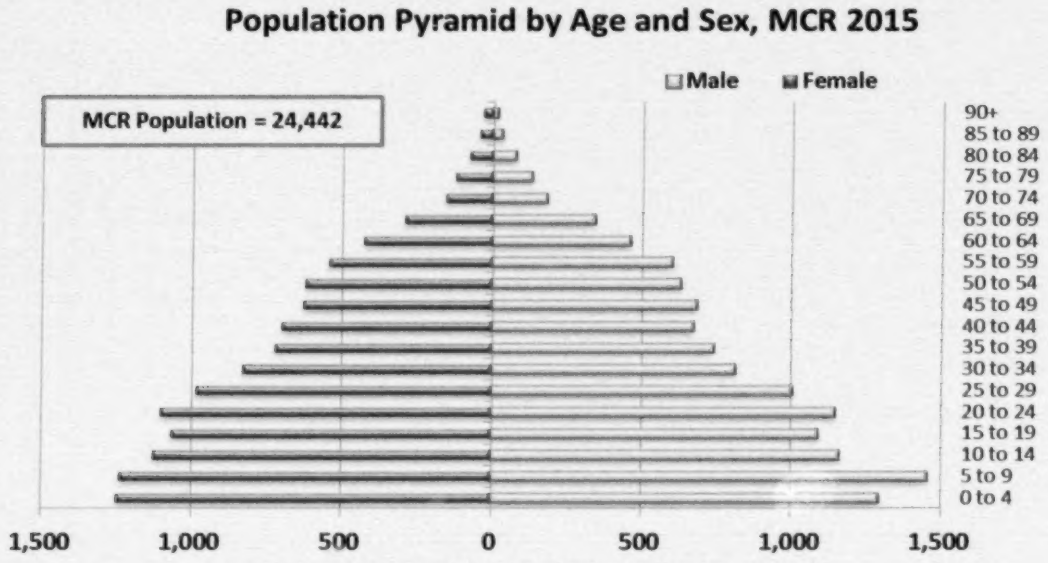
- Implementing the first three elements of the Safety Management System (SMS)
- Simplifying the incident reporting process
- Reducing the time to complete the critical incident reporting process.

Pictured above: RPIW participants from the Incident Reporting RPIW held in November, 2015. RPIW participants include staff and patient representatives from throughout the region.

Better *better health • better care • better value • better teams*

RHA Overview

In Mamawetan Churchill River, 30% of the population is under the age of 15, compared to 19% for the province. Over 80 percent (82.5%) of the population self-identify as being Aboriginal.



Source: Sask Covered Population 2015, Prepared by PHU Jan 2016

The Northern Saskatchewan Health Indicators Report 2011, released in January, 2012, provides an extensive analysis of the various geographic, demographic and socio-economic impacts on health status.

In 2014, the Mamawetan Churchill River Health Region along with Keewatin Yatthé Health Region and the Athabasca Health Authority had some of the highest 'dependency ratios' of all other health regions in Canada, comparing the number of youth under 20 and elders 65 years of age and over with the 'working' population of 20-64 years. Regions with high dependency ratios indicate economically stressed areas.

Off-reserve children in the Mamawetan Churchill River Health Region aged 17 years and under (38%) are twice as likely to live in poverty compared to the province (18%).

Less than half of the health region population aged 25-29 years are high school graduates compared to 84.5% for the province.

The median after-tax income of people living in Mamawetan Churchill River Health Region is $16,850, which is almost $12,000 less than the provincial median.

The Mamawetan Churchill River Health Region has almost three times the proportion of dwellings requiring major repair, and more than 8.5 times the rate of crowding, having more than one person per room, compared to the province.

Governance

The Mamawetan Churchill River Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of health services within its health region and within any other area that may be directed by the Minister of Health. In carrying out its responsibilities, the regional health authority shall:

- Assess the health needs of the persons to whom the regional health authority provides health services;
- Prepare and regularly update an operational plan for the provision of health services;
- Provide the health services that the Minister determines the regional health authority is to provide;
- Co-ordinate the health services it provides with those provided by other providers of health services;
- Evaluate the health services that it provides;
- Provide ongoing evaluation of Board and CEO;
- Promote and encourage health and wellness; and
- Act on other priorities that may be directed by the Minister.

As stated in the Accountability Document, The Mamawetan Churchill River Regional Health Authority is expected to:

- Comply with all legislation, regulations, contracts, policies and directives;
- Comply with all Ministerial information requests; and
- Provide a range of publicly accessible services appropriate for the facility designation or community in which the service is provided.

The Mamawetan Churchill River Regional Health Authority (MCRRHA) has Governing Bylaws approved by the Minister of Health. In addition to holding public meetings, and meeting as the Committee of the Whole, as described under the *Regional Health Services Act*, the RHA has four committees of the Board: Governance, Audit and Finance, Quality and Safety, and Ethics.

The Governance Committee meets monthly preceeding the regularly scheduled Board meeting. This committee reviews Board policy ensuring documentation is current and appropriate.

The Audit and Finance Committee meets monthly preceeding the regularly scheduled Board meeting. The purpose of the Audit function shall be to ensure the integrity of MCRRHA financial statements, MCRRHA's compliance with legal and regulatory requirements, and for informal discussion of issues related to the MCRRHA's Financial and Purchasing functions.

The Quality and Safety Committee meets quarterly to discuss various topics as they relate to: patient and family centred care, critical incidents, accreditation, employee engagement, and enterprise risk management. As part of recommendations of the Quality and Safety Committee, Board members regularly attended wall walks as well as receiving kaizen basics training.

The Ethics Committee continues to be active in a variety of areas. The Committee ensures that its members receive ongoing education as well as Ethics related education and training for all health region staff. The Ethics Committee now meets monthly with two sub-committees; the Education Committee and the Consultation Committee. The Education Committee is making plans to provide education Ethics 101 to all departments on a rotating basis. The Consultation Committee continues to be available for new referrals.

The Chair and Vice-Chair are members of the Northern Health Authorities Co-management Partnership Committee. In addition, the MCRRHA Board is also represented on the Practitioner Liaison Council, the Northern Human Services Partnership, and the North Sask Laundry & Support Service Board. The Board Chair represents the Mamawetan Churchill River Regional Health Authority on the Governing Council.

In 2015-16, the RHA met 8 times in La Ronge, and once in Denare Beach. Notices of the meetings are sent to the media inviting public attendance. Highlights of the public meetings, in the form of RHA Notes, are distributed to the media following the meetings. The RHA Notes are posted on the region's website following each meeting.

Community Advisory Networks consist of volunteers who assist the Regional Health Authority to understand the needs, preferences and priorities of people and communities, and advise the Authority on broad issues. The region has Terms of Reference for the Community Advisory Networks. In 2015-16, the Community Advisory Network meetings were scheduled in 2 communities that house an Mamawetan Churchill River Health Region facility. These meetings were attended by Board and region representatives. Telehealth technology is employed for regional meetings, in addition to face-to face meetings.

In August, 2015, the Board hosted its seventh annual Honour Feast for staff in La Ronge, with Board members taking their turn at the barbeque. This is the Board's way of thanking all employees for their contribution to the organization. Celebrations also took place at sites throughout the region. The event was combined with the recognition of those who had reached milestone years of service with the region.

The Mamawetan Churchill River Regional Health Authority for the 2015-2016 Fiscal Year is as follows:

Regional Health Authority Board of Directors

Ron Woytowich
Chair
La Ronge

Marlene Barzeele
Vice-Chair
Little Bear Lake
(Term ended September 29, 2015)

Les Oystryk
Vice-Chair
Creighton
(Effective September 29, 2015)

Betsy Kelly
La Ronge

Morris Zatwarnitski
Weyakwin/Ramsey Bay

Greg Ross
Pinehouse Lake
(Resigned May 5, 2015)

Lorraine Bear
Sandy Bay

T.J. Biemens
Air Ronge
(Effective September 29, 2015)

Al Loke
La Ronge
(Effective September 29, 2015)

Lydia Gauthier
La Ronge
(Effective September 29, 2015)

Organizational Structure

The Mamawetan Churchill River Regional Health Authority organizational structure is as follows: Two Executive Directors; Teresa Watt, Executive Director, Operational Support and David Watts, Executive Director, Integrated Health who report directly to the CEO, Andrew McLetchie.

Also reporting to the CEO is the Director of Kaizen Promotion Office, Director of Population Health Unit, the EMS Coordinator, and the Senior Medical Officers.

Reporting directly to the Executive Director of Operational Support are the Director of Corporate Services, Director of Information Services, Director of Facilities & Operations, and the Director of Communications.

Reporting directly to the Executive Director of Integrated Health Services are the Director of Acute Care, Director of Primary Care Nursing, Director of Seniors' Care, Director of Mental Health and Addictions, and Director of Therapies.

The director positions listed above make up the Directors Team who provides feedback, recommendations, and input to support the Executive team. There is input into decision making on issues that require broader dialogue and communication to and from the organization and on issues that have broad implications for the region. The Directors' Team also participates in the strategy deployment processes for the organization.

**Appendix A highlights a detailed organizational chart.*

Health Care Organizations & Other Third Party Relationships

In order to achieve its mandate, the Mamawetan Churchill River Regional Health Authority is engaged in a number of partnerships. For an extensive list, please refer to Appendix C. Of particular note, are the following:

- The Creighton Alcohol and Drug Abuse Council (CADAC).
- The Authority contracts with the following to provide Emergency Medical Services – La Ronge EMS, Peter Ballantyne Cree Nation Health Services Inc., and Manitoba's Northern RHA (Flin Flon General Hospital Ambulance Service).
- North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN), based in La Ronge, acts as a service delivery agent for a community support program funded by the health authority. It is a contracted service, reviewed and renewed annually, and accountability is through a standardized contract which requires audited financial statements and an annual report. The Director of Mental Health and Addictions Services is responsible for the contract and meets regularly with NSN board and staff to review services and quarterly financial statements.
- The authority administers the funding for the Northern Human Services Partnership (Regional Intersectoral Coordinators).
- The Authority also receives funding from Kids First North to deliver services and from the Saskatchewan Ministry of Justice to deliver the Children Exposed to Violence program.

Service Delivery

Services are delivered by the Mamawetan Churchill River Regional Health Authority to residents in north-eastern Saskatchewan through facilities in five communities: Creighton, La Ronge, Pinehouse, Sandy Bay, and Weyakwin. These facilities serve as a base for programs and services that are also provided at outfitter camps, mining operations, exploration camps, correctional facilities, schools, community gathering places, and homes.

Environmental health services are provided to off-reserve communities adjacent to First Nations communities at Stanley Mission, Southend, Pelican Narrows, Deschambault Lake, and Wollaston Lake.

In addition, a funding agreement exists between the provinces of Manitoba and Saskatchewan for the provision of services at Flin Flon General Hospital to approximately 8,000 residents of north-east Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing.

Programs & Services

The programs and services provided by the Mamawetan Churchill River Regional Health Authority are designed to respond to the changing needs of our clients.

Population Health Unit

The Northern Saskatchewan Population Health Unit is unique in the province. It is a major collaborative initiative of the Athabasca Health Authority, Keewatin Yatthé Regional Health Authority, and Mamawetan Churchill River Regional Health Authority, formalized through a Co-Management Partnership Committee memorandum of understanding. The population is approximately 40,000 within a geographical area of 307,180 square kilometres, covering almost half of the province.

The Population Health Unit is responsible for health surveillance and health status reporting; health protection and disease control, including enforcement, as mandated by *The Public Health Act, 1994* and related regulations. In addition, the Unit has a role in population health consultation and advice; population and public health program planning and evaluation; and population health promotion, including: healthy public policy, community development and health education.

The team includes:

- A Medical Health Officer and Deputy Medical Health Officer,
- An Environmental Health Manager, Public Health Inspectors, and Environmental Health Protection Coordinator,
- A Nurse Epidemiologist,
- A Communicable Disease/Immunization Coordinator, TB Outreach Nurse, HIV Nurse Specialist and Community Case Workers,
- Infection Prevention and Control Practitioners (one northern and one provincial position),
- A Dental Health Educator/Technical Consultant; Public Health Nutritionist; and Population Health Promotion Coordinator,
- Administrative Support Staff, and
- Director of the Population Health Unit.

The Population Health Unit takes a leadership role in the Northern Healthy Communities Partnership (NHCP), a network of organizations working to improve the health of people in the region by influencing the conditions in which they live, learn, work and play. In 2015-16 the Healthy Eating Team of NHCP expanded its School Nutrition Mentorship Project to now support 15 schools on and off reserve to provide nutritious foods to students. This project was showcased at the fall first National School Food Conference. NHCP's Babies, Books and Bonding program distributed approximately 2500 children's books at immunization clinics to promote language and literacy development among young children. Ongoing NHCP projects include efforts to promote physical activity, to support maternal tobacco cessation and youth tobacco reduction, and to reduce risk-taking behaviour among young people through positive youth development. The NHCP Building Vibrant Youth team began a video production project in followup to last year's Northern Youth Role Model Campaign. The Northern Tobacco Strategy team engaged a social marketing firm to build their capacity in social marketing targeted at youth tobacco reduction.

PHU staff supported the Northern Health Conference in September 2015 through several presentations on Healthy Living in Northern Saskatchewan, the Northern Healthy Community Partnership role in Health Promotion, and on a panel on tuberculosis and HIV in northern Saskatchewan. At the Northern Health Conference, there was the public release of the northern Saskatchewan HIV Awareness initiative including the mobile app on "Health Is Vital", and various promotional materials.

In 2015-16, the Population Health Unit participated in the provincial and northern STI, HIV, and high incidence TB strategies, in collaboration with the three northern health authorities and the Northern Inter-Tribal Health Authority. Scattered Sites, a Community-Based Organization, was funded for harm reduction programming in one community. Several outreach events in northern communities were successful in providing education, social support, flu shots, TB testing, and building relationships with people living at risk.

The Environmental Health program improved both scheduled inspection completion rates and demand service response in 2015-16. Over 93% (331/355) of Category I facilities in the three northern health authorities were inspected at least once. Public Health Inspectors did not inspect 100% of these facilities in part due to forest fires and travel logistics. Several other facilities were moved to a biennial inspection schedule based on risk assessment. We expanded our program to include tobacco retailing and tanning facility monitoring. We made progress in developing our emergency management and preparedness role and developed our website to improve client access to service and information.

During the two-week La Ronge evacuation in July 2015, the Population Health Unit (PHU) set up a virtual office for needed public health work for residents still in the north and for those who were evacuated. PHU staff assisted at evacuation centers during this time, provided essential public health services related to infection control and communicable disease control, and participated in debriefs and reviews of the summer forest fire evacuations across the north. The PHU also updated the forest fire evacuation and smoke assessment guidelines for health care workers; prepared community fact sheets on health impacts of forest fire smoke and reducing your risk such as being prepared for the forest fire season and considerations for returning home after an evacuation; and provided guidance to facilities and communities preparing for the return of evacuated citizens.

The Population Health Unit was involved in environmental assessment projects at various stages. These reviews are part of our work with the Saskatchewan Environmental Assessment Review Panel (SEARP). As of March 2016, there are four active environmental assessments occurring in the three northern health authorities. The PHU continues to support and assist with various environmental monitoring initiatives related to various types of developments.

The Northern Saskatchewan Prenatal Biomonitoring Project for environmental chemicals is continuing through a partnership with the Saskatchewan and Alberta Ministries of Health, and Northern Inter-Tribal Health Authority. During 2015-16 year, analysis was completed and report writing occurred with final completion and dissemination planned for 2016-17.

The PHU Medical Health Officer, as a member of the Northern Mines Monitoring Secretariat, supported the work of the Northern Saskatchewan Environmental Quality Committees (NSEQC) and assisted with a Uranium 101 educational workshop for the NSEQC members.

The Population Health Unit assesses health research proposals for Northern Saskatchewan to ensure that they follow quality, safety and ethical guidelines. In 2015-16, the northern health authorities approved eleven research projects, and provided letters of support for three others. Two other research projects were started in the process this fiscal year.

The Population Health Unit produced a major Health Indicator Report for the three northern health authorities in 2011. In 2015-16 we began developing a new approach to provide Internet-based Health Indicator reports as new data becomes available. The first sections will be released early in 2016-17.

Physician Services

The authority does not employ physicians, although it does have a contractual arrangement for a part-time Senior Medical Officer (SMO). Currently, the position is being shared by Dr. Stephanie Young and Dr. Direse Coetzee.

In La Ronge, physician staffing is delivered through Northern Medical Services, a division of the University of Saskatchewan. At the La Ronge Health Centre, physicians provide inpatient services (including obstetrics), emergency room coverage, care for long term care patients, and outpatient procedures.

On weekdays, the physician group offers medical services at the La Ronge Medical Clinic for scheduled appointments and minor emergencies. In addition, physicians travel regularly to Stanley Mission, Pinehouse Lake, Southend, and Wollaston Lake offering patient care to clients in these communities. In 2015-16 393 outpost clinics were delivered by the La Ronge physician group. Outpost clinics that were cancelled were as follows: 27 flights were cancelled due to the 2015 northern wildfires, 38 flights were cancelled due to bad weather conditions, 5 were cancelled due to physician illness, and 7 were cancelled by the outposts due to community issues.
Specialist services are also made available in La Ronge in the areas of pediatrics, developmental pediatrics, obstetrics, gynecology, orthopedics, internal medicine, general surgery, ophthalmology, psychiatry, and otolaryngology. Infectious disease clinics are held focusing on TB and on HIV. The visiting specialists hold clinics in the La Ronge Medical Clinic, La Ronge Health Centre and via telehealth.

Baby Gretchen Maryann Bird, the La Ronge Health Centre's 2016 New Year's Baby born on January 2nd at 12:30 a.m.

The La Ronge physicians are actively involved in training residents, interns, nurse practitioners, and medical students. There are four La Ronge rural residents in our rural residency program. Two are first year residents and two are second year residents. Physicians also mentor nurse practitioners, international medical graduates, family medicine residents, JURSIs, the Community Experience Program, and students from the Physician Recruitment Agency of Saskatchewan's Rural Externship Program (a collaboration of Saskdocs, the University of Saskatchewan, and the Saskatchewan Medical Association). The physicians also commit time to administrative duties for the health authority, University of Saskatchewan, and provincial committees.

At the Sandy Bay Health Centre, physician services are provided twice a week by J.A. Steyn Medical Professional Corporation, through a funding arrangement with Northern Medical Services (NMS).

Over all, the physician complement in the region is stable. NMS continues to meet the demands of the growing population and service the needs in La Ronge and the community health centres. The La Ronge Medical Clinic has enhanced the methadone maintenance treatment and HIV management programs with support from the health authority.

Integrated Health Services

Acute Care/Hospital Services

Acute care services within the La Ronge Health Centre provide a wide variety of services including inpatient care, emergency and outpatient care, and labour and delivery for residents of the region. The acute care unit is staffed by registered nurses and licensed practical nurses.

In 2015-16, there were 468 admissions to acute care beds. As well, 56 births occurred at the La Ronge Health Centre. There were 11,655 visits to the Emergency Department and a total of 715 clients were kept in "short stay" beds for observation.

Diagnostic Services

Diagnostic Services is comprised of laboratory, x-ray and ultrasound. In 2015-16, 45 inpatient and 1262 outpatient ultrasounds were completed. There were 299 x-ray inpatient exams completed and 3856 outpatient x-ray exams. The laboratory processes 25,000 samples per year from outpost clinics. There are 7,500 outpatients, and 1,200 inpatients processed in a one year period from clients seen at the La Ronge Health Centre.

Home Care

Home Care is a community based service that assists clients to stay in their own homes and communities for as long as possible. This allows them to maintain dignity and independence while enhancing the quality of their lives. Home care services are provided in Creighton, La Ronge, Pinehouse, Sandy Bay and Weyakwin/Ramsey Bay. Services provided are based on a provincial standardized assessment tool. Home care nurses provide care and monitoring of clients. Specialist wound care support is provided to outlying communities twice weekly by an ostomy and wound care consultant. Home health aides assist clients with personal care, meal preparation, shopping, assistance to medical appointments and basic homemaking services. Meals on Wheels services are offered in La Ronge, Sandy Bay, Creighton and Weyakwin.

Podiatry care is provided by a licensed podiatrist who visits the La Ronge Health Centre monthly, and periodically in the communities of Sandy Bay and Pinehouse. The podiatrist is assisted by a nurse who provides care and follow-up between visits. The communities of Sandy Bay, Pinehouse, Creighton and Weyakwin, which have home care services, also benefit from regular foot care clinics conducted by home care staff.

Meals on Wheels provides meal service to clients in their homes. Wheels to meals provides meals to clients at the La Ronge Health Centre.

Nikinan (Long Term Care)

Nikinan is the long term care facility in the Region, located in the La Ronge Health Centre. Nikinan is a Cree word meaning "Our Home" and it is home to 14 residents from many northern communities. In 2015-16, 6 new clients were admitted to the facility.

In addition to permanent residential supportive care at Nikinan, there are two rooms dedicated to providing care for people who request residential supportive care for a brief period of time. In 2015-16, there were 40 respite admissions involving 22 individuals.

An adult day program for people who benefit from daily supportive care and socialization is provided out of the long term care facility in the La Ronge Health Centre. In 2015-16, 12 clients attended 269 day events in this program.

Volunteers

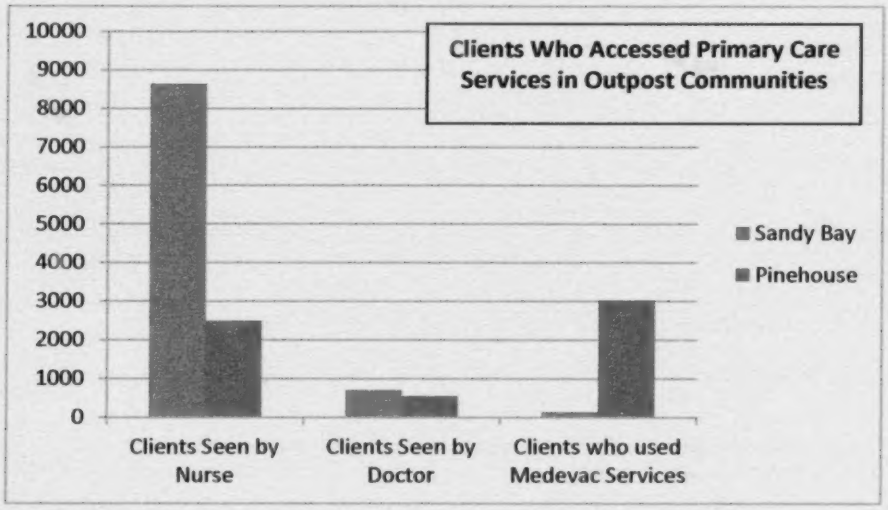
Volunteers are people of any age who give time, talent and energy to help other people, for which they seek no compensation. We try to match interests and time schedules with the programs. One of the most important contributions is meals on wheels delivery, seven days a week. Volunteers assist with the seniors' exercise program and the courtyard horticulture program, knitting, shopping, visiting, and baking. We have local partnerships with elementary and post-secondary schools. Persons wanting to volunteer are encouraged to contact their local home care department.

Primary Care

Primary health care is available at the health centres in Pinehouse and Sandy Bay. These are staffed by primary care nurses who work in an expanded role to deliver emergency and non-emergency care to patients, with doctors visiting

from La Ronge or Prince Albert on a regular basis. A number of employees are based in La Ronge at the Medical Clinic, work collaboratively with the physicians within the clinic. These include restered nurses (RNs), social workers, and support workers.

The following chart indicates the number of clients who accessed primary care services during the 2015-16 fiscal year:



Addictions & Mental Health

Mental Health and Addictions services in La Ronge, Pinehouse, and Sandy Bay provide education, support and counseling to individuals, families, and groups, as well as advocacy and crisis intervention services for those experiencing issues with mental well-being and/or addictions.

Youth addictions services in La Ronge are provided off-site at the Kikinahk Friendship Centre. In addition to client services, our youth services include a position dedicated to health promotion, particularly in the areas of mental wellbeing and addictions for youth. Addictions services in Creighton are provided through a contracted service with Creighton Alcohol and Drug Abuse Council (CADAC) and mental health in Creighton is provided directly from a Mamawetan Churchill River Health Region employee. The region also has a Kids First North (KFN) contract to deliver Mental Health and Addictions services to KFN families in La Ronge, Pinehouse and Sandy Bay. The Mamawetan Churchill River Health Region receives funding from the Ministry of Justice to deliver a Children Exposed to Violence program. This funding supports a full-time Social Work position to provide these services to residents of La Ronge and surrounding area. In addition to the above outpatient services in addictions, MCRRHA also has an eight-bed social detox program housed in the La Ronge Health Centre. In 2015-16, there were 920 active mental health clients, 342 addictions files opened and 131 clients admitted to detox in the La Ronge Health Centre.

The Sandy Bay Health Centre provided service to an average of 25 mental health and 24 addictions clients per month. The Pinehouse Health Centre provided services to an average of 47 mental health and 14 addictions clients per month. Creighton Community Health Services served an average of 50 clients per month. Creighton addictions services were provided by the Creighton Alchohol and Drug Abuse Council during the 2015-16 fiscal year.

The Scattered Site Community Support program funded by Mamawetan Churchill River Health Region and provided through North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN) continues to offer a Drop-In Program. Staff continue to offer a hot lunch program in partnership with the Lac La Ronge Food Bank. The visiting professional program continues to expand the number of professionals who attend on site to deliver services.

Therapies

Autism Spectrum Disorders Services

Autism Spectrum Disorder (ASD) Services provide support to individuals affected by ASD by enhancing access to effective and efficient services and supports while enhancing their capacity to function in the community. These services are delivered through a combination of direct service, community resource development and education to children, youth, adults and their families throughout the process of diagnosis of ASD and/or during the implementation of subsequent interventions. In the 2015-16 fiscal year, ASD services had a caseload of 75 patients.

Dietitian Services

The dietitian provides education and support to Mamawetan Churchill River Health Region clients with a variety of dietetic needs. Services are offered one day a week out of the La Ronge Medical Clinic and the remainder of the time out of the La Ronge Health Centre. The dietitian also works in Mamawetan Churchill River Health Region communities offering programs that promote healthy eating and good health. The dietitian provides consultative services to other Mamawetan Churchill River Health Region programs.

Children's Dental Services

Mamawetan Churchill River Health Region is taking steps to improve children's oral health by increasing access to dental care, particularly preventive services for children in Northern Saskatchewan. Enhancements have been made to the Region's preventive dental health services for pre-natal mothers, and children age 0-5.

Focus will be on upstream interventions related to improving oral health through prevention and education with the end goal to reduce the need for hospital based general anesthesia treatment services due to extensive dental needs. In the 2015-16 fiscal year, dental services had 1985 patients region wide.

Occupational Therapy

Occupational therapy services are aimed at improving life participation though rehabilitation, health promotion, adaptation and equipment acquisition. Services include assessment, intervention, consultation, prevention and education, as well as health promotion services. Occupational therapy services had a caseload of 65 pediatric patients and 98 Adult patients in the 2015-16 fiscal year.

Physiotherapy

Physiotherapy services are provided to individuals of all ages within Mamawetan Churchill River Health Region, who have physical conditions related to injury, disease, or disability in order to improve mobility and independence. Services include assessment, intervention, consultation, prevention and education, as well as health promotion services. The three physiotherapists provide consultation services to home care and long term care residents. Mamawetan Churchill River Health Region does not provide surgery but endeavors to assist the surgical initiative by providing rehabilitative physiotherapy services to residents of the region to prepare community. Physiotherapy services are also available to patients accessing services through WCB and SGI claims. Physiotherapy services has been averaging 480 new patients a year for an average total of 4,310 patients seen.

Speech and Language Pathology

Mamawetan Churchill River Health Region's Speech-language Pathologist (SLP) provides services focused on early intervention and prevention to children ages 0-60 months within Mamawetan Churchill River Health Region. Once the children are of school age therapy services are provided through the school division. The SLP provides consultative services to the Food Services and Long Term Care departments and provides long term care residents with an initial feeding/swallowing assessment and an annual review. In the 2015-16 fiscal year, speech and language pathology had a caseload of 68 patients.

Public Health Services

Public Health Nursing

Public Health Nurses provide services to community groups, families and individuals. Services currently offered through Public Health Nursing are as follows: prevention and education around vaccine preventable diseases and notification and education of communicable disease, annual influenza vaccine program, annual school health programming to include vaccine preventable diseases, international travel health programming around education and vaccine preventable diseases, tuberculosis education and surveillance program, perinatal health, child health and immunization clinics, staff immunization, occupational health, and the harm reduction program including the needle exchange program. Public Health Nurses also act as resources for sexual wellness education and information.

Northern Medical Transportation/Vaccine Clerk

This position makes air/taxi/ambulance travel arrangements for clients and maintains records of clients needing referrals. This position is also responsible for receiving, managing and distributing vaccines.

Community Health Educators (CHEs)

These positions provide support through a range of programs/services including counselling and community awareness/development to help clients achieve mental and emotional balance to meet the needs and challenges of daily living. In particular, CHEs assist public health services in the following areas:

- Tuberculosis program specific to direct observed therapy
- Education and delivery of screening kits regarding prevention of colorectal cancer
- Delivery of Living Well with Chronic Conditions Program implemented in two communities
- Breast cancer mammography screening
- Harm reduction program
- Immunization awareness
- Prenatal classes

Support Services

Information Management

Information Technology is responsible for general information technology support, telehealth, phone system, computer infrastructure, and implementation of new technology/systems.

Health Information Services is responsible for the release of information, proper maintenance of La Ronge Health Centre patient records, coding, and abstracting of inpatient data. The health region in conjunction with the La Ronge Medical Clinic implemented an electronic medical records (EMR) system consistent with provincial initiatives. In the

2015-16 fiscal year, the EMR is in place at the La Ronge Medical Clinic, Pinehouse Health Centre, Sandy Bay Health Centre, and through the speech and language pathology and occupational health and therapy departments.

Telehealth enhances the ability to provide patient care, regardless of geographic location. The region currently has four communities with Telehealth services:

- La Ronge (3 sites – 2 at the Health Centre 1 at the Medical Clinic)
- Pinehouse
- Sandy Bay
- Creighton

In 2015-16, 273 clinical patients were seen via Telehealth for a total of 88, 222 km travel saved by staff and clients.

Facilities and Operations

Facilities and Operations encompasses maintenance, security, regional vehicle coordination; coordination of facility renovations, and upgrades.

Environmental Services operating as part of Facilities and Operations is responsible for infection control and cleaning of La Ronge Health Centre, linen, and laundry. In October, 2015, laundry services changed to the provincially managed K-Bro linen services through 3sHealth. In the 2015-16 fiscal year, approximately 180,831 lbs. of laundry was processed by the health region.

As part of Facilities and Operations, Food Services is responsible for delivering meals to clients at La Ronge Health Centre. It also supplies meals to the Wheels to Meals program, where clients are provided with meals at the La Ronge Health Centre, and the Meals on Wheels program where meals are delivered to clients' homes. In 2015-16, 38,942 meals were prepared for Mamawetan Churchill River Health Region programs.

Corporate Services

The Director of Corporate Services oversees the Financial Services and Human Resources Departments of the Regional Health Authority. The Financial Services Department ensures fiscal responsibility and planning occurs to meet the Health Authority's obligations to the public and employee safety. The department is responsible for maintaining financial accounting, payroll, invoicing, and accounts payable and receivable. The Human Resource Department is responsible for the general human resource functions, payroll, benefits, representative workforce, labour relations, staff orientation, and recruitment and retention duties. Employee Safety is responsible for Occupational Health and Safety (OH&S) training coordination, OH&S committee coordination, safety management system, regional infection control.

Emergency Preparedness

Emergency Preparedness is responsible for the development and training for emergency plans, phone fan-out maintenance, First Responder training, coordination with EMS services and basic-to-intermediate air medevac quality control monitoring. The importance of this position was highlighted when many areas of the health regeion experienced an evacuation process during the 2015 wildfire season.

Communications

The Health Authority communications are coordinated through the Director of Communications. This position works with management and staff to ensure ongoing and accurate and timely communication on health issues that may impact or be of interest to the public. The position acts as a public relations manager, which includes public, client, and staff engagement activities. The Director of Communications supports the coordination of Board activities, produces print and digital media, supports internal and external communication processes, coordinates media inquiries and releases, and ensures the flow of information between the Ministry of Health and other stakeholders.

The Director of Communications also acts as Lead for the Patient Family Centred Care (PFCC) initiative. PFCC is a philosophy based in respect, dignity, collaboration, information sharing, and meaningful participation. The philosophy of PFCC and the adoption of best practices includes engaging patients and families as advisors who are actively involved in decisions that affect their care. A Patient Family Advisor (PFA) also partners with health care providers to review and improve services and programs. The health region has included PFAs in various projects in the region as well as at the provincial level. Currently, there are 18 PFAs registered in the health region.

Kaizen Promotion Office

The Kaizen Promotion Office (KPO) is responsible for building capacity for continuous improvement in Mamawetan Churchill River Health Region by promoting Lean principles and tools and by supporting the region's improvement activities. The KPO assists and coaches leaders as they manage improvement projects such as mistake proofing, 5S, and Rapid Process Improvement Workshop's (RPIWs). Other duties and functions within the KPO include privacy, client concern handling, accreditation coordination, patient safety (including patient safety reporting and critical incident management), all with a patient and family centred care approach.

The KPO is made up of the Director of Kaizen Promotion Office, two Kaizen Coordinators and the Clinical Risk Management Coordinator.

Wellness Grants

The purpose of wellness grants is to assist community groups in the Mamawetan Churchill River Health Region to implement community wellness initiatives. Projects must be community-based and address a wellness issue, focus on youth engagement or include youth participation, and one or more of the following four population health pillars: Mental Well-being; Decreased Substance Use and Abuse; Accessible Nutritious Foods; and Active Communities.

2015-16 Grants

Project	Organization	Amount	Community
La Ronge Children's Festival	La Ronge Children's Day Inc.	$1500	La Ronge
Amisk Lake Youth Drop-in Nutrition Program	Denare Beach Recreation Board	$1000	Denare Beach
Fun in the Sun	Family Support Program- Children North	$1500	La Ronge
Literacy Camp for Kids	Precam Community School	$1500	La Ronge
National Addictions Awareness Month	Reclaiming our Community Planning Committee	$1500	La Ronge
GDCS Standard First Aid and CPR Course	Gordon Denny Community School	$1500	La Ronge
Wellness Fair	Creighton Community School	$1500	Creighton
Nutrition Program	Gordon Denny Community School	$1500	La Ronge
HIV Awareness Week	Scattered Site Outreach Program	$1075	La Ronge

Progress in 2015-16

The Mamawetan Churchill River Regional Health Authority, through the implementation of its operational and strategic plan, continued to address the health care needs of its residents during 2015-16. This was achieved through the region's program activities, participation in a co-management partnership agreement with the two other northern health authorities, and through involvement in a number of intersectoral initiatives.

In 2015-16, regional health authorities continued work on Hoshin Kanri (strategy deployment). Mamawetan Churchill River Health Region started the fiscal year with two breakthrough initiatives, primary care redesign, and safety.

Hoshin Kanri is an evolving process, with that, lessons we have learned include:

- Setting the parameters of a project appropriately, by ensuring that actions are clearly defined and tied to measures,
- Involving all levels of the organization,
- Recognizing the importance of managing with measures
- Understanding our own internal priorities, processes, and areas for improvement.
- Knowing the priorities of other organizations and how those may impact the Health Region,
- Managing resources appropriately, and
- Factoring in the time needed for daily routine work that cannot be ignored.

Highlights show progress towards our selected breakthrough initiative as determined through the strategy deployment process. As well, significant achievements in relation to the provision of health care services to the residents of the region are noted in the context of the four "betters" (Better Health, Better Care, Better Teams, and Better Value), and the five year outcomes and targets of the health care system. Under each "better" below is a description of the provincial outcomes and targets, followed by the results achieved by MCRHR in the 2015-16 fiscal year.

Better Health

The Mamawetan Churchill River Regional Health Authority supports the provincial health system's outcome that by 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions: Diabetes, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Depression, and Asthma.

By March 31, 2020, 80% of patients with these six common chronic conditions will be receiving best practice care as evidenced by the completion of provincial templates available through approved electronic medical records (EMR) and the electronic health record (EHR) viewer.

By 2017, there will be a 50% improvement in the number of people who say "I can access my primary healthcare team for care on my day of choice either in person, on the phone or via other technology."

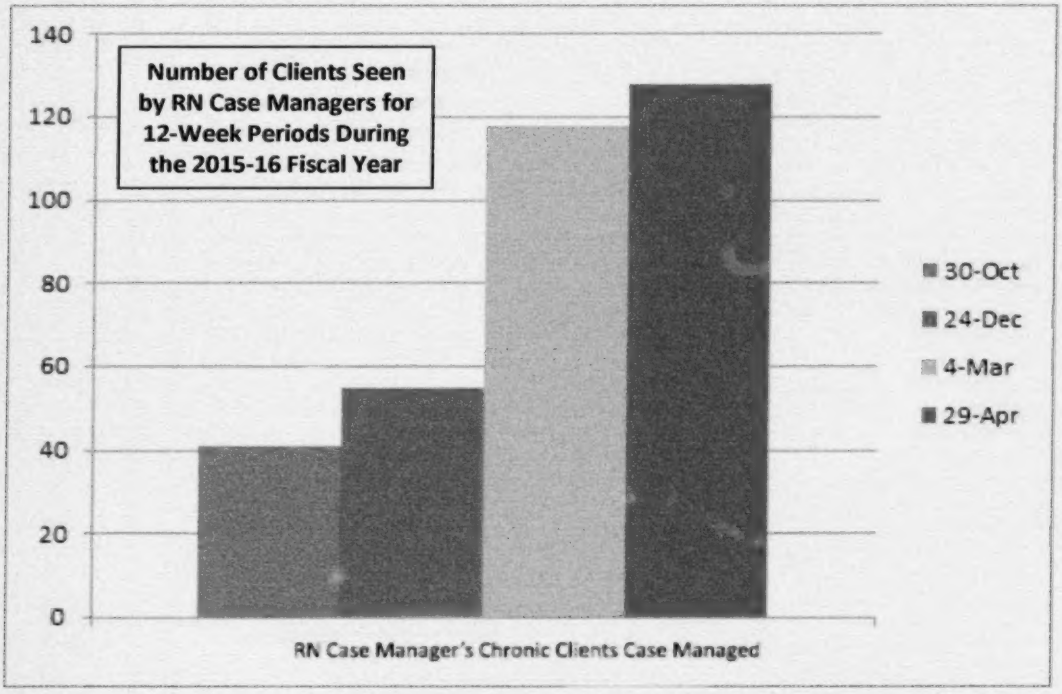
Chronic Disease Management and Primary Healthcare Access

A change was made to the care delivery model in July 2014 whereby there was the creation of four registered nurse case managers (RN case managers) positions. The process of creating policies, procedures and standard work was started to ensure proper documentation and training to allow for the RN case managers to deliver safe and effective services to the patients. The work continued through the 2015-16 fiscal year through daily visual management. Expansion of Nurse case manager services during the 2015-16 primarily focused on diabetes, hepatitis C, hypertension, coronary artery disease, arthritis, asthma, cancer, and high risk prenatal patients. Registered nurse case managers also

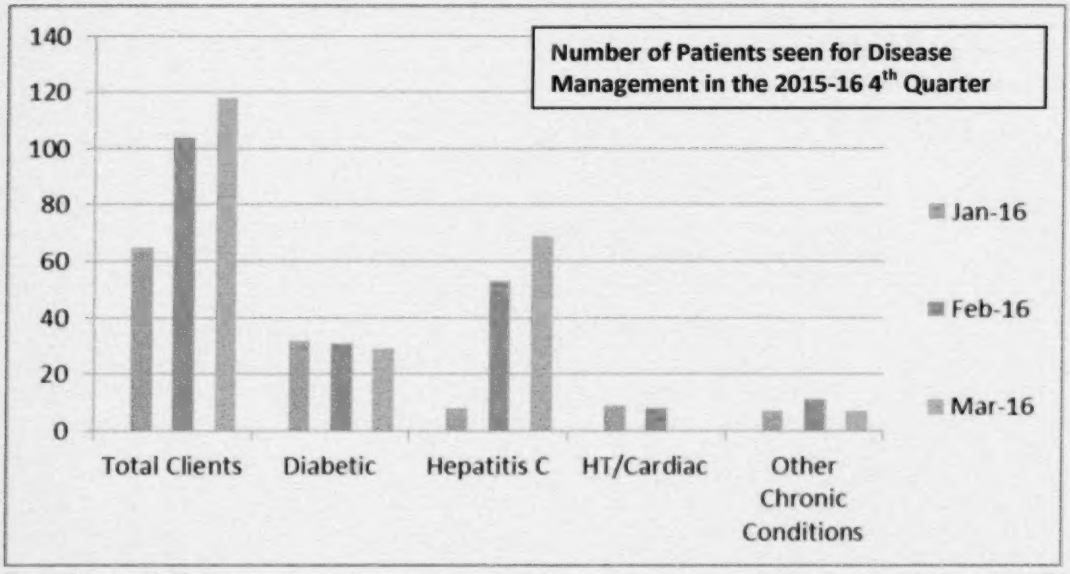
focused on follow-up STI appointments, pregnancy tests, injections for respiratory syncytial virus (RSV), contraception, and other chronic conditions.

Results:

The chart below represents clients seen by RN Case Managers in the 2015-16 fiscal year.



The chart below represenats an average breakdown of disease management for the last quarter of the 2015-16 fiscal year.



Better Care

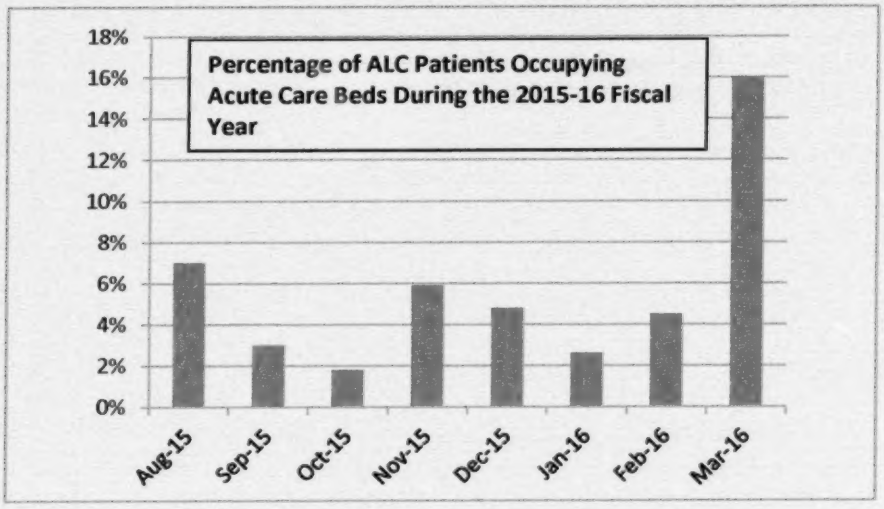
The Mamawetan Churchill River Regional Health Authority supports the number of alternate level of care (ALC) days across the province and in each region at no more than 3.5% of total.

ALC Patient Management

Alternative level of care patients are patients that occupy a bed in an acute care facility that does not require the intensity of resources/service provided in that acute setting. When capacity exceeds 3.5%, a corrective action plan is created and submitted to the Ministry of Health.

Results:

Monthly statistics were reported to the Ministry of Health based on actual counts of ALC patients occupying acute care beds:



Long-term CareWaitlist

As of March 31, 2016, there are 47 people on the long-term care waiting list for La Ronge Health Centre.

Results:

The health region has been working with the Ministry of Health on expansion of long-term care beds in the region. With the functional planning phase completed, a request for proposal was released at the end of the 2015-16 fiscal year for architectural 3P services. The health region will continue with the 3P process beginning in May, 2016.

Regional Hotspotting Team

At the provincial level there is an increased focus on identifying the high users of services and working collaboratively with partners in and outside the health care organizations to provide a care environment that may reduce the utilization of services and improve health and other outcomes. This process is referred to as hotspotting.

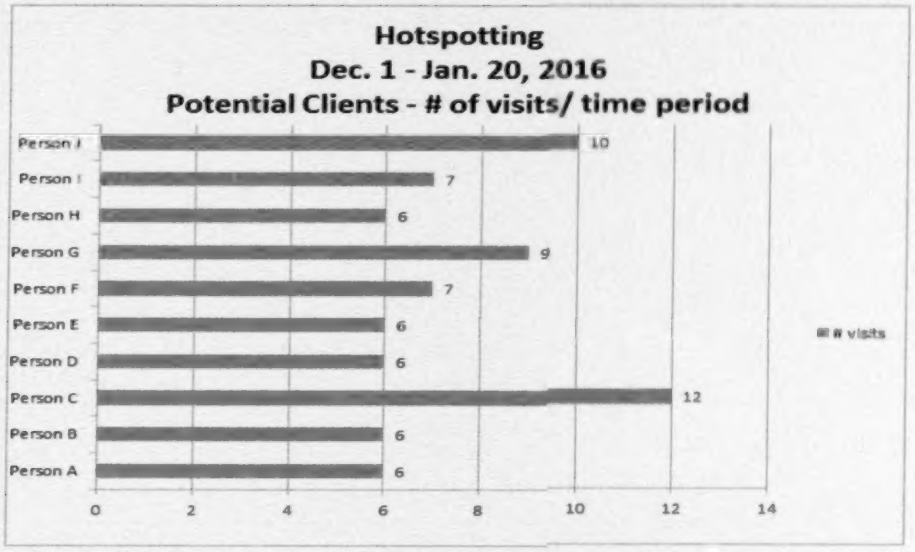
The Mamawetan Churchill River Health Region hotspotting team consists of representatives from nursing, mental health and addictions, public health, home care and other clinical areas. The hotspotting team uses an innovative, patient-centred care model that identifies patients with complex needs who repeatedly need hospital services or visit

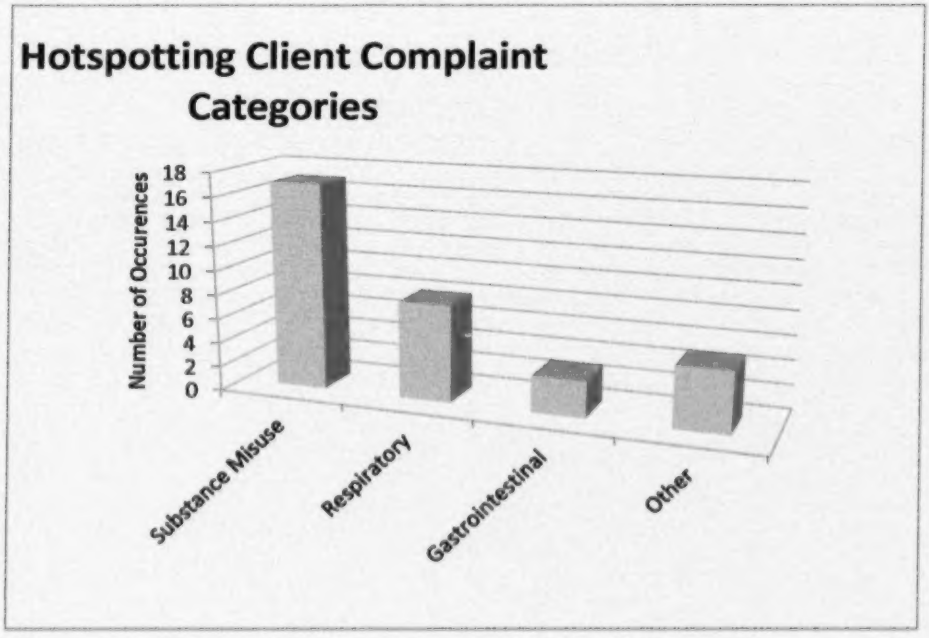
emergency departments. The goal of the hotspotting group is to provide more coordinated, accessible and appropriate health services for these patients, and fewer preventable visits to the hospital. The hotspotting team's most recent initiative was to bring wellness clinics to the Scattered Sites program.

We will continue to better identify the health conditions and risk factors that more consistently contribute to higher frequency users of the emergency department by gathering monthly data. Dialogue has occurred with the Saskatoon Health Region hotspotting program to learn about their journey. Plans for education and awareness with other programs such as Scattered Sites will begin in the next couple of months to bridge gaps and avoid duplication of services.

Results:

Break out teams from home care and mental health and addictions followed up with higher risk or high needs individuals to look at how can either be case managed or supported to decrease utilization of the emergency room (ER) and support better in the community. An intake form and consent to join the program was created and trialled in the ER. Clients were admitted to the program and case management work happened in partnership with the clients themselves.





Better Teams

The Mamawetan Churchill River Regional Health Authority supports the provincial health system's five year improvement outcome to achieve a culture of safety. By March 31, 2020, there will be no harm to patients or staff.

The Regional Safety Hoshin

Highlighted activities of the Mamawetan Churchill River Health Region safety hoshin included improved communication around safety events through deliverables such as: an incident management matrix, a Safety Management System (SMS) orientation package, improvements to incident reporting, and root cause analysis (RCA) training.

Results:

At the end of the 2015-16 fiscal year, 94% of directors were trainined in RCA, 92% of staff surveyed could identify a near miss, SMS packages were completed and deployed, an improved incident report form was completed and plans were in place to implement it, and safety accountabilities were outlined for critical incident process and safetly huddles.

Prior to the Safety Hoshin & Safety Incident Report RPIW, the total time from when a Director received a patient safety incident until it was handed off to the Kaizen Promotion Office (KPO) ranged from 1 to over 95 days. This is the time that the Safety Incident report sat with the Director for investigation and sign off. After improvements were made to the process and the Directors' safety huddle was initiated. Between January – March 2016, the total average time from time of safety event occurring to the time the KPO received the Safety Report was 9.6 days. This has been a significant reduction in time, which means that safety reports are being investigated and followed up in a more timely manner.

Since October 2015, the region has also been focusing on the response and investigation time for Critical Incidents. Prior to the improvement work, the time from a critical incident occurring until the investigation report was submitted to the Ministry of Health ranged from 65-120 days. After several months of improvement work, the region has been

able to reduce the total lead time for this process to 14 days. This 88% reduction has been achieved and sustained in the last two critical incidents.

By March 31, 2018, all regions and the Cancer Agency will implement the six elements of the Safety Management System (SMS).

The Safety Management System (SMS)

A safety culture is an organizational culture that places a high level of importance on safety beliefs, values, and attitudes shared throughout the workplace. A safety management system (SMS) helps an organization proactively identify hazards to ensure the health and safety of their employees and provides an organization with tools to actively control potential hazards. Maintaining a culture where staff and clients are aware of their roles and responsibilities for safety and feel supported and acknowledged for detecting and reporting unsafe situations, incidents, and errors is a priority throughout the region.

Results:

During the 2015-16 fiscal year, work was completed on the first three elements of the SMS through daily visual management. An audit will be completed by December, 2016 to ensure all departments have successfully implemented these elements in the region.

By March 2016 there will be zero shoulder and back injuries.

Staff Incidents Reported

Out of a total of 163 staff incidents reported, Mamawetan Churchill River Health Region had 8 time loss WCB claims and 31 WCB claims with no time lost. Of the 39 total claims, 17 of these indicated injury to neck, shoulder or back.

Results:

The following list is a breakdown of the method of injury:

Better Value

Mamawetan Churchill River Health Region's Regional Health Authority supports the provincial health system's five year improvement outcome to bend the cost curve by lowering status quo growth by 1.5% by March 2017.

Shared services activities will produce $10 million net new savings in 2015-16

K-Bro Linen Services

Provincially operated K-Bro Linen Services assumed laundry services in the region on October 12, 2015. Since its commencement, the region has been streamlining linen services within its facilities through lean activities to better meet the needs of patient and client care.

All health system partner organizations will be in a balanced or surplus year-end financial position in 2015-16.

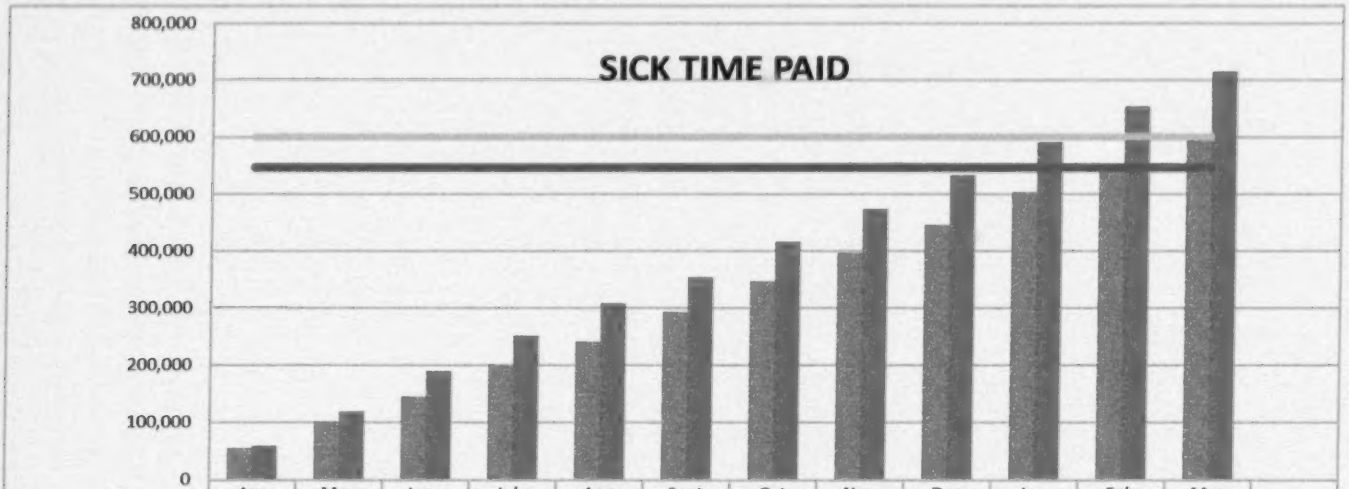
Staffing Costs

Year-end human resources indicators for sick leave, overtime, and call backs were close to provincial targets; management will continue to focus effort to improve on the current achievements.

Results:

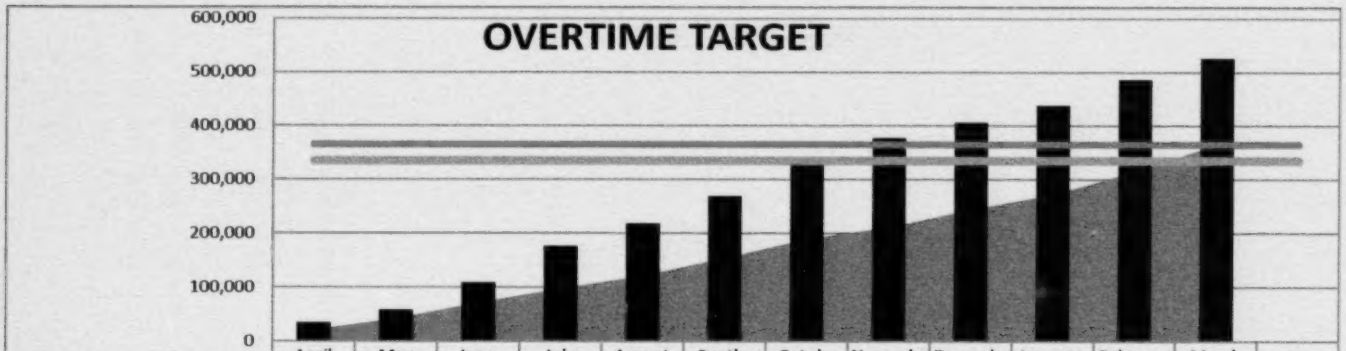
Mamawetan Churchill River Health Region has introduced attendance management support measures to reduce sick time and meet provincial targets.

The following chart highlights sick time paid to staff compared to the previous fiscal year and provincial targets.



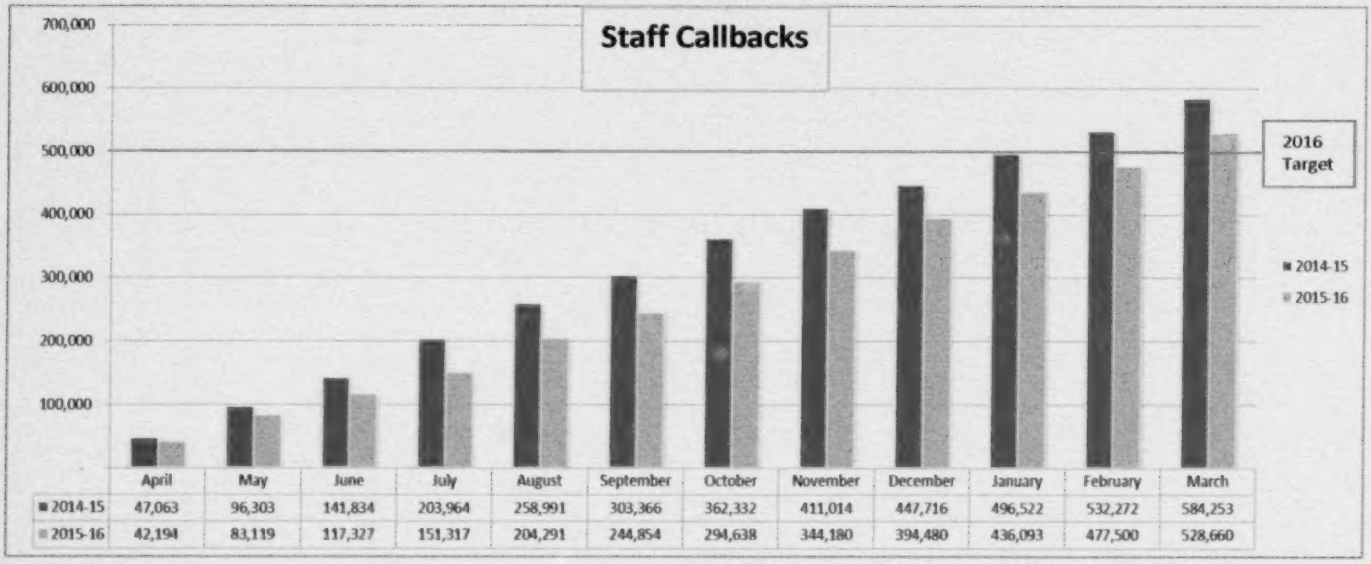
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Previous Year	55,118	101,322	145,043	198,093	240,686	292,860	346,335	396,693	445,451	503,037	541,810	600,205
Current Year	59,245	118,756	189,348	250,921	307,823	353,445	414,871	473,294	532,712	590,462	652,933	714,317
Actual 2015	600,205	600,205	600,205	600,205	600,205	600,205	600,205	600,205	600,205	600,205	600,205	600,205
Target 2016	546,000	546,000	546,000	546,000	546,000	546,000	546,000	546,000	546,000	546,000	546,000	546,000

The health region experienced overtime during the 2015-16 fiscal year due to coverage of vacancies throughout the region and an unusual fire season during the summer months of 2015. The following chart illustrates overtime payouts compared to the previous fiscal year and provincial targets.



	April	May	June	July	August	Septbr	Octobr	Novembr	Decembr	January	February	March	
Previous Year	20,749	42,001	71,205	97,621	121,236	154,022	189,555	211,482	244,178	272,365	314,668	365,105	
Current Year	34,098	58,275	108,905	175,894	218,539	269,272	327,763	377,494	406,559	437,616	485,636	525,188	
Actual Year End 2015	365,105	365,105	365,105	365,105	365,105	365,105	365,105	365,105	365,105	365,105	365,105	365,105	365,105
Target 2016	335,000	335,000	335,000	335,000	335,000	335,000	335,000	335,000	335,000	335,000	335,000	335,000	335,000

The following chart indicates the dollar amount for staff called back to facilities for after hours client care. The 2015-16 fiscal year saw an overall decrease in staff callbacks.



	April	May	June	July	August	September	October	November	December	January	February	March
2014-15	47,063	96,303	141,834	203,964	258,991	303,366	362,332	411,014	447,716	496,522	532,272	584,253
2015-16	42,194	83,119	117,327	151,317	204,291	244,854	294,638	344,180	394,480	436,093	477,500	528,660

Management Report

Mamawetan Churchill River Health Region

Working together in wellness to promote, enhance and maintain quality of life.

May 25, 2016

MAMAWETAN CHURCHILL RIVER HEALTH REGION

REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards for government not-for-profit organizations, and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Audit and Finance Committee. The Audit and Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Audit and Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit and Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Andrew McLetchie
Chief Executive Officer

David Zarazun
Director of Corporate Services

2015-16 Financial Overview

The Mamawetan Churchill River Health Region is responsible for the management of financial resources as well as health care services. In 2015-16, the region ended the year with an operating surplus of $ 1,115,918. Actual operating revenues of $ 32,025,848 were $ 767,091 higher than the budgeted revenues of $ 31,258,757. Of those revenues the Ministry of Health provided 93% and other provincial revenue accounted for 2.7 % of the year's total.
Below is a breakdown of the main program operating expenses:

	2016 Budget	2016 Actual	Variance	% Variance
In Patient and Resident Service	$ 4,636,756	$ 5,092,863	$ 456,107	9.8 %
Diagnostic and Therapeutic Services	$ 2,434,647	$ 2,495,035	$ 60,388	2.5 %
Community Health Services	$ 15,845,974	$ 15,675,541	$ (170,433)	-1.1 %
Support Services	$ 7,699,910	$ 7,099,927	$ (599,983)	-7.8 %
Physician Compensation	$ 622,152	$ 529,269	$ (92,883)	-14.9 %
Total	$ 31,239,439	$ 30,892,635	$ 346,804	1.1 %

The net expense variance is mainly due to vacancies for hard to recruit positions as well as lack of relief staff to cover vacancies that occur throughout the year. This results in staff being paid at overtime rates to cover vacancies. Further cost savings were realized by the transition by the province to a single linen and laundry service provider. In addition 2015 - 16 was the year of the community evacuation which occurred in July 2016. This added increased expenditures in the provision of patient care.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2016

Deloitte.

Deloitte LLP
#5 - 77 - 15th Street East
Prince Albert SK S6V 1E9
Canada

Tel: (306) 763-7411
Fax: (306) 763-0191
www.deloitte.ca

Independent Auditor's Report

To the Board of Directors of the
Mamawetan Churchill River Regional Health Authority

We have audited the accompanying financial statements of Mamawetan Churchill River Regional Health Authority, which comprise the statement of financial position as at March 31, 2016 and the statements of operations, changes in fund balances and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Mamawetan Churchill River Regional Health Authority as at March 31, 2016 and the results of its operations, its remeasurement gains and losses and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Professional Accountants

May 25, 2016
Prince Albert, Saskatchewan

Statement 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2016

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2016	Total 2015
ASSETS					
Current assets					
Cash	$ 4,136,454	$ 1,111,925	$ 25,905	$ 5,274,284	$ 3,886,790
Accounts receivable	781,456	216,207	-	997,663	939,698
Inventory	161,136	-	-	161,136	219,167
Prepaid expenses	169,594	-	-	169,594	211,736
	5,248,640	1,328,132	25,905	6,602,677	5,257,391
Capital assets (Note 3)	-	8,602,384	-	8,602,384	8,872,328
Total Assets	$ 5,248,640	$ 9,930,516	$ 25,905	$ 15,205,061	$ 14,129,719
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 735,889	$ 22,616	$ -	$ 758,505	$ 529,645
Accrued salaries	776,863	-	-	776,863	988,562
Vacation payable	1,555,210	-	-	1,555,210	1,235,443
Current portion of lease payable (Note 4)	-	31,253	-	31,253	-
Deferred revenue (Note 5)	863,160	9,154	-	872,314	680,041
	3,931,122	63,023	-	3,994,145	3,433,691
Long term liabilities					
Long term lease payable (Note 4)	-	144,095	-	144,095	-
Employee future benefits (Note 10)	833,100	-	-	833,100	784,800
Total Liabilities	4,764,222	207,118	-	4,971,340	4,218,491
Fund Balances:					
Invested in capital assets	-	8,427,036	-	8,427,036	8,866,079
Externally restricted (Schedule 3)	-	507,525	25,905	533,430	809,999
Internally restricted (Schedule 4)	-	788,837	-	788,837	46,593
Unrestricted	484,418	-	-	484,418	188,557
Fund balances - (Statement 3)	484,418	9,723,398	25,905	10,233,721	9,911,228
Total Liabilities & Fund Balances	$ 5,248,640	$ 9,930,516	$ 25,905	$ 15,205,061	$ 14,129,719

Contractual obligations (Note 4)
Pension plan (Note 10)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

Statement 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS
For the Year Ended March 31, 2016

	Operating Fund			Restricted Funds			
	Budget 2016	2016	2015	Capital Fund 2016	Community Trust Fund 2016	Total 2016	Total 2015
REVENUES							
Ministry of Health - general	$ 28,684,000	$ 29,708,517	$ 28,024,000	$ 51,000	$ -	$ 51,000	$ 85,000
Other provincial	1,015,352	873,854	2,131,990	-	-	-	566,084
Federal government	24,000	35,113	19,343	-	-	-	-
Patient & client fees	394,536	380,384	366,465	-	-	-	-
Out of province (reciprocal)	45,996	43,324	43,200	-	-	-	-
Out of country	9,996	12,167	9,831	-	-	-	-
Donations	996	3,120	800	3,860	-	3,860	56,311
Ancillary	125,028	140,382	123,938	-	-	-	-
Investment	45,000	42,426	45,110	8,218	6	8,224	5,051
Recoveries	443,484	525,030	540,983	-	-	-	-
Other	470,369	261,531	208,476	-	6,274	6,274	-
Total revenues	31,258,757	32,025,848	31,514,136	63,078	6,280	69,358	712,446
EXPENSES							
Inpatient & resident services							
Nursing Administration	-	-	-	665,352	-	665,352	655,981
Acute	3,598,708	3,907,558	3,704,490	-	-	-	7,852
Supportive	1,038,048	1,185,305	1,007,212	190,644	-	190,644	61,526
Total inpatient & resident services	4,636,756	5,092,863	4,711,702	855,996	-	855,996	725,359
Physician compensation	622,152	529,269	856,866	-	-	-	-
Ambulatory care services	-	-	-	-	-	-	-
Diagnostic & therapeutic services	2,434,647	2,495,035	2,226,767	-	-	-	-
Community health services							
Primary health care	3,394,524	3,391,234	3,276,069	4,435	-	4,435	-
Home care	1,921,837	2,114,663	2,059,199	-	-	-	-
Mental health & addictions	3,740,016	3,286,830	3,315,560	-	-	-	-
Population health	4,870,673	4,732,340	5,165,597	-	-	-	25,417
Emergency response services	1,521,504	1,720,575	1,482,149	-	-	-	-
Other community services	397,420	429,899	796,048	-	-	-	-
Total community health services	15,845,974	15,675,541	16,094,622	4,435	-	4,435	25,417
Support services							
Program support	4,400,276	3,478,190	4,434,202	956	-	956	69,299
Operational support	3,299,634	3,580,473	3,277,299	-	-	-	-
Other support	-	(7,036)	30,948	-	-	-	-
Employee future benefits	-	48,300	40,500	-	-	-	-
Total support services	7,699,910	7,099,927	7,782,949	956	-	956	69,299
Ancillary	19,196	17,295	17,118	-	1,396	1,396	850
Total expenses (Schedule 1)	31,258,635	30,909,930	31,690,024	861,387	1,396	862,783	820,925
Excess (deficiency) of revenues over expenses	$ 122	$ 1,115,918	$ (175,888)	$ (798,309)	$ 4,884	$ (793,425)	$ (108,479)

The accompanying notes and schedules are part of these financial statements.

Statement 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CHANGES IN FUND BALANCES
For the Year Ended March 31, 2016

2016	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total
Fund balance, beginning of year	$ 188,557	$ 9,701,650	$ 21,021	$ 9,911,228
Excess (deficiency) of revenues over expenses	1,115,918	(798,309)	4,884	322,493
Interfund transfers (Note 9)	(820,057)	820,057	-	-
Fund balance, end of year	$ 484,418	$ 9,723,398	$ 25,905	$ 10,233,721

2015	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total
Fund balance, beginning of year	$ 761,713	$ 9,412,030	$ 21,852	$ 10,195,595
Excess (deficiency) of revenues over expenses	(175,888)	(107,648)	(831)	(284,367)
Interfund transfers (Note 9)	(397,268)	397,268	-	-
Fund balance, end of year	$ 188,557	$ 9,701,650	$ 21,021	$ 9,911,228

The accompanying notes and schedules are part of these financial statements.

Statement 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2016

	Operating Fund		Restricted Funds			
	2016	2015	Capital Fund	Community Trust Fund	Total 2016	Total 2015
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenues over expenses	$ 1,115,918	$ (175,888)	$ (798,309)	$ 4,884	$ (793,425)	$ (108,479)
Net change in non-cash working capital (Note 6)	786,931	(372,809)	(167,222)	-	(167,222)	(8,416)
Amortization of capital assets	-	-	665,352	-	665,352	655,981
	1,902,849	(548,697)	(300,179)	4,884	(295,295)	539,086
Capital activities:						
Purchase of capital assets						
Buildings	-	-	(21,787)	-	(21,787)	-
Equipment	-	-	(194,783)	-	(194,783)	(412,382)
	-	-	(216,570)	-	(216,570)	(412,382)
Financing activities:						
Repayment of lease payable	-	-	(3,490)	-	(3,490)	(95,319)
	-	-	(3,490)	-	(3,490)	(95,319)
Net increase (decrease) in cash during the year	1,902,849	(548,697)	(520,239)	4,884	(515,355)	31,385
Cash, beginning of year	3,053,662	3,999,627	812,107	21,021	833,128	404,475
Interfund transfers (Note 9)	(820,057)	(397,268)	820,057	-	820,057	397,268
Cash, end of year (Schedule 2)	$ 4,136,454	$ 3,053,662	$ 1,111,925	$ 25,905	$ 1,137,830	$ 833,128

The accompanying notes and schedules are part of these financial statements.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

1. Legislative Authority

The Mamawetan Churchill River Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Mamawetan Churchill River Health Region, under section 27 of *The Act*. The RHA is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed Health Care Organization (HCOs) and third parties to provide health services.

Creighton Alcohol and Drug Abuse Council Inc.
La Ronge Emergency Medical Services
Nor-Man Regional Health Authority
Northern Saskatchewan Special Needs Housing, Employment, Recreation Inc.
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 8 b) i) provides disclosure of payments to prescribed HCOs and third parties.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenue. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

2. Significant Accounting Policies (continued)

b) Fund Accounting (continued)

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2 % and 10%
Equipment	5% to 20%
Equipment under capital lease	20%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

2. Significant Accounting Policies (continued)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Employee future benefits

i) Pension Plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

iii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Public Sector Accounting Standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

2. Significant Accounting Policies (continued)

h) Financial Instruments

Cash, accounts receivable, accounts payable, accrued salaries and vacation payable are classified in the amortized cost category.

As at March 31, 2016 (2015 - none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

3. Capital Assets

	2016			2015
	Cost	**Accumulated Amortization**	**Net Book Value**	**Net Book Value**
Land	$ 407,572	$ -	$ 407,572	$ 407,572
Buildings	13,553,537	6,548,630	7,004,907	7,321,945
Equipment	4,984,290	3,970,236	1,014,054	1,142,811
Equipment under capital lease	178,832	2,981	175,851	-
	$ 19,124,231	$ 10,521,847	$ 8,602,384	$ 8,872,328

4. Contractual Obligations

a) Operating Leases

Minimum annual payments under operating leases on capital assets over the next four years are as follows:

2017	46,386
2018	19,752
2019	15,599
2020	6,060

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

4. Contractual Obligations (continued)

b) Capital Leases (continued)
Minimum annual payments under capital leases on equipment over the full lease term are as follows:

Imputed Interest Rate	6.55%
Expiry Date	February, 2021
2017	$ 41,811
2018	41,811
2019	41,811
2020	41,811
2021	38,326
Total minimum lease payments	205,570
Amount representing interest	(30,222)
Balance of the obligation	175,348
less current portion	(31,253)
Long term portion	$ 144,095

c) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2016 will continue to be contracted for the following fiscal year. Note 8 b) provides supplementary information on Health Care Organizations.

d) Air Medevac Contract

The RHA has entered into a contract with Transwest Air for supply of Air Medevac services. The original contract was in place for the period June 1, 2010 to March 31, 2015 and has been extended to August 31, 2016. The RHA has committed to pay a monthly retainer of $26,500 plus GST for the provision of these services.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

5. Deferred Revenue

	Balance March 31, 2015	Less Amount Recognized	Add Amount Received	Balance March 31, 2016
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund				
Bursaries	$ 16,000	$ (8,000)	$ 10,000	$ 18,000
Enhanced Preventative Dental	292,507	(171,558)	135,386	256,335
Tuberculosis	-	(144,877)	175,000	30,123
Infection Control (IPAC funding)	15,000	(965)	-	14,035
Total Sask Health	**323,507**	**(325,400)**	**320,386**	**318,493**
Other Government of Sask Initiatives				
Kids First North Mental Screening	33,117	(241)	57,765	90,641
Northern Regional Intersectoral Committee	288,475	(241,055)	222,000	269,420
Sask Cancer Agency	-	-	100,000	100,000
Victim Services	2,777	(24,037)	73,701	52,441
Total Other Government of Sask	**324,369**	**(265,333)**	**453,466**	**512,502**
Non – Government of Sask Initiatives				
SUN Recruitment and Retention	32,165	-	-	32,165
Total Non Government of Sask	**32,165**	-	-	**32,165**
Total	**$ 680,041**	**$ (590,733)**	**$ 773,852**	**$ 863,160**
Capital Fund				
3sHealth	$ -	$ -	$ 9,154	$ 9,154
Total	**$ -**	**$ -**	**$ 9,154**	**$ 9,154**

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2016	2015	Capital Fund	Community Trust Fund	Total 2016	Total 2015
(Increase) Decrease in accounts receivable	$ 134,778	$ (260,985)	$ (192,743)	$ -	$ (192,743)	$ 6,288
(Increase) Decrease in inventory	58,031	(15,566)	-	-	-	-
(Increase) Decrease in prepaid expenses	(9,395)	(15,444)	51,537	-	51,537	(51,537)
Increase (Decrease) in accounts payable	264,030	(742,356)	(35,170)	-	(35,170)	36,833
Increase (Decrease) in accrued salaries	(211,699)	284,490	-	-	-	-
Increase (Decrease) in vacation payable	319,767	124,311	-	-	-	-
Increase (Decrease) in employee future benefits	48,300	40,500	-	-	-	-
Increase (Decrease) in deferred revenue	183,119	212,241	9,154	-	9,154	-
	$ 786,931	$ (372,809)	$ (167,222)	$ -	$ (167,222)	$ (8,416)

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2016 was $25,495 (2015 - $35,237). These amounts are not reflected in the financial statements.

8. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

8. Related Parties (continued)

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

	2016	2015
Revenues		
Saskatchewan Government Insurance	$ -	$ 15,122
Other RHAs	165,485	181,973
North Sask Laundry and Support Services Ltd.	600,000	-
Other	246,037	255,676
	$ 1,011,522	$ 452,771
Expenses		
Saskatchewan Association of Health Organization	$ 793,092	$ 858,430
Ministry of Government Services	638,980	618,527
Workers Compensation Board	286,734	304,292
North Sask Laundry and Support Services Ltd.	97,995	216,020
Saskatchewan Telecommunications Holding Corporation	175,944	164,873
Public Employees Superannuation Plan	130,315	129,290
Saskatchewan Healthcare Employees Pension Plan	2,468,773	2,432,738
Saskatchewan Power Corporation	152,725	155,293
SaskEnergy Corporation	77,410	90,460
Other RHAs	183,153	176,615
Northlands College	250,000	250,000
Other	123,187	477,566
eHealth Saskatchewan	65,942	51,568
	$ 5,444,250	$ 5,925,672
Accounts Receivable		
Other RHAs	$ 173,264	$ 158,711
eHealth Saskatchewan	-	2,520
Ministry of Health	73,961	57,145
Other	667	18,685
	$ 247,892	$ 237,061
Prepaid Expenditures		
Workers Compensation Board	$ 70,840	$ 77,075

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

8. Related Parties (continued)

	2016	2015
Accounts Payable		
Saskatchewan Property Management Corporation	$ 41,119	$ 23,877
3sHealth	10	18,914
eHealth Saskatchewan	1,878	33,273
Saskatchewan Power Corporation	6,542	19,548
SaskEnergy Corporation	7,230	-
Saskatchewan Telecommunications Holding Company	16,610	-
Northlands College	250,000	-
North Sask Laundry and Support Services Ltd.	-	19,706
	$ 323,389	$ 115,318

North Sask Laundry and Support Services Ltd. (NSL) provides linen services mainly to RHAs in Saskatchewan. The RHA was a 25% shareholder of NSL and has the right to appoint one board member to the NSL Board of Directors. NSL ceased operations on October 9, 2015 and dissolved as a corporation on March 31, 2016. Prior to dissolution the shareholders appointed Prince Albert Parkland RHA as a settlement agent to act on behalf of the shareholders, at which time the balance of all assets and liabilities were transferred to Prince Albert Parkland RHA.NSL was a non-profit incorporated organization and was not subject to income and property taxes from the federal, provincial and municipal levels of government.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Prescribed Health Care Organization (HCOs) and third parties

The RHA has also entered into agreements with prescribed HCOs and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and third parties:

	2016	2015
Creighton Alcohol and Drug Abuse Council Inc.	$ 171,333	$182,892
La Ronge Emergency Medical Services	1,123,967	1,007,865
Nor-Man Regional Health Authority	48,000	48,000
Northern Saskatchewan Special Needs Housing, Employment, Recreation Inc.,	208,985	206,916
Pelican Narrows Ambulance Services 617500 Saskatchewan Ltd.	125,000	100,000
	$ 1,677,285	$1,545,673

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

9. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2016			2015		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Other	$ (820,057)	$ 820,057	$ -	$ (397,268)	$ 397,268	$ -

10. Employee future benefits

a) Pension Plan
Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the Saskatchewan Association of Healthcare Organization (SAHO) Retirement Plan and governed by the SAHO Board of Directors).

2. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

10. Employee future benefits (continued)

	2016	2015		
	SHEPP[1]	PEPP	Total	Total
Number of active members	238	10	248	246
Member contribution rate, percentage of salary	8.1-10.7%*	6.0-8.5%*		
RHA contribution rate, percentage of salary	9.1-12.0%	6.0-9.5%*		
Member contributions (thousands of dollars)	1,152	63	1,215	1,210
RHA contributions (thousands of dollars)	1,291	68	1,359	1,353

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2016. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ration of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Disability Income Plans

Employees of the RHA participate in one of the following disability income plans, administered by 3sHealth:

1. General established in 1975

2. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in Compensation – benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2016			2015
	General	SUN	Total	Total
Number of Active Members	65	51	116	96
Member Contribution rate, percentage of Salary	0.60-0.65%	0.0076		
RHA Contribution rate, percentage of Salary	0.65-0.70%	0.0089		
Member Contribution (thousands of dollars)	38	25	63	70
RHA Contribution (thousands of dollars)	38	29	67	70

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

10. Employee future benefits (continued)

c) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013 with an estimated valuation to March 31, 2016. Key assumptions used as inputs into the actuarial calculation are as follows:

	March 31, 2016	March 31, 2015
Discount rate	1.90%	1.90%
Earnings increase	0.5% - 2%	
Mortality rates	CPM 2014 Public Table with 2D Projections using CPM Scale B	
Termination rate	0.010 – 0.119	
Retirement rate	Before member reaches Rule of 80 (age plus service equals at least 80): 2% at age 55 for members who have between 10 and 22 years of service 1% at age 60 for members who have between 6 and 9 years of service 4% at age 60 for members who have between 10 and 17 years of service 0% at all other ages and service where member does not meet Rule of 80 After member reaches Rule of 80: 8% for ages under 55 35% at age 55 for members who have between 25 and 26 years of service (between 80 and 81 points) 25% at age 55 for members who have at least 27 years of service (at least 82 points) 12% for ages between 56 and 59 where member has between 80 and 81 points 8% for ages between 56 and 59 where member has at least 82 points 25% for ages between 60 and 61 where the member has between 80 and 81points 19% for ages between 60 and 61 where the member has at least 82 points 19% for ages between 62 and 64 Retirement rates at any other combination of age and service not described above are 0%. Irrespective of the rates shown above, the retirement rates for ages 65 and older are equal to 100%	

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

10. Employee future benefits (continued)

	2016	2015
Accrued benefit obligation, Beginning of year	$ 784,800	$ 744,300
Cost for the year	164,500	156,800
Benefits paid during the year	(116,200)	(116,300)
Accrued Benefit Obligation, End of Year	$ 833,100	$ 784,800

11. Budget

The RHA Board approved the 2016 budget plan on May 27, 2015.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board of Directors ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board of Directors oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health, Patients, GST rebate, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

12. Financial Instruments (continued)

The carrying amount of financial assets represents the maximum credit exposure as follows:

		2016		2015
Cash	$	5,274,284	$	3,886,790
Accounts receivable				
Ministry of Health - General Revenue Fund		73,961		57,145
Other		923,702		882,553
	$	6,271,947	$	4,826,488

The RHA manages its credit risk surrounding cash by dealing solely with reputable banks and financial institutions.

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, and in the normal course of operations is not party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates. Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations. The RHA believes that it is not subject to significant interest rate risk from its financial instruments.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

12. Financial Instruments (continued)

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2016 the RHA has a cash balance of $5,274,284 (2015 - $3,886,790).

f) Fair value

The carrying value of cash, accounts receivable, accounts payable, accrued salaries and vacation payable approximates their fair value due to their immediate or short term nature.

13. Operating line of credit

The RHA has a line of credit limit of $480,000 (2015 - $480,000) with an interest charge at prime rate and a credit card with a limit of $20,000 (2015 - $20,000). The line of credit is secured by the assignment and hypothecation of the RHA's revenues for the fiscal year. The total interest paid on the line of credit in 2016 was $nil (2015- $nil). This line of credit was approved by the Ministry of Health.

14. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community generated assets in trust. The RHA established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the RHA. The assets are interest bearing with the interest credited to the trust balance. The RHA presently administers $25,905 (2015 - $21,021) under these agreements.

15. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 to 2016-17 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 to 2016-17.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2016

16. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract expired on March 31, 2014. At March 31, 2016 a tentative four year agreement had been signed and was ratified on April 20, 2016. The Health Sciences Association of Saskatchewan (HSAS) is in effect until March 31, 2018. The Saskatchewan Government and General Employees' Union (SGEU) contract is in effect until March 31, 2017.

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2016

	Budget 2016	Actual 2016	Actual 2015
Operating:			
Advertising & public relations	$ 19,611	$ 17,352	$ 19,617
Board costs	117,996	92,603	98,858
Compensation - benefits	4,766,918	4,331,694	4,494,773
Compensation - salaries	18,045,584	17,828,932	17,812,005
Future employee benefits	-	48,300	40,500
Continuing education fees & materials	142,531	135,652	96,836
Contracted-out services - other	1,203,999	1,350,366	966,343
Diagnostic imaging supplies	3,000	2,264	3,652
Dietary supplies	3,000	2,982	2,006
Drugs	249,780	267,867	324,106
Food	211,380	214,448	209,624
Grants to ambulance services	1,143,000	1,296,967	1,230,742
Grants to health care organizations & affiliates	380,616	276,186	380,364
Housekeeping & laundry supplies	32,004	26,453	27,700
Information technology contracts	100,836	144,135	103,655
Insurance	60,000	46,494	44,884
Interest	7,500	5,420	4,742
Laboratory supplies	130,596	161,620	144,274
Medical & surgical supplies	353,964	362,886	359,164
Medical remuneration & benefits	702,000	659,190	879,813
Meetings	31,942	32,213	24,993
Office supplies & other office costs	333,516	352,512	360,997
Other	232,141	392,292	354,120
Professional fees	411,034	233,624	498,381
Purchased salaries	72,000	428,326	596,240
Rent/lease/purchase costs	948,420	649,153	648,467
Repairs & maintenance	315,044	313,384	648,481
Supplies - other	179,660	194,504	184,850
Therapeutic supplies	1,500	354	1,588
Travel	747,671	792,730	863,919
Utilities	311,392	249,027	264,330
Total Operating Expenses	31,258,635	30,909,930	31,690,024
Restricted:			
Amortization		665,352	655,981
Other		196,035	164,094
Ancilliary		1,396	850
		$ 862,783	$ 820,925

Schedule 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As of March 31, 2016

	2016	2015
Restricted Investments		
Cash and Short Term Investments		
Chequing and Savings:		
Flin Flon Royal Bank	$ -	$ 3,684
Conexus Credit Union	1,241	1,241
Conexus Credit Union	-	16,096
La Ronge CIBC	24,664	-
La Ronge CIBC	1,111,925	812,107
	$ 1,137,830	$ 833,128
Unrestricted Investments		
Cash and Short Term Investments		
Chequing and Savings - CIBC Bank	$ 4,135,429	$ 3,052,637
Cash	1,025	1,025
Total Cash	$ 4,136,454	$ 3,053,662
Restricted & Unrestricted Totals		
Total Cash	$ 5,274,284	$ 3,886,790

Schedule 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2016

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Creighton Home Care	$ 3,682	$ -	$ -	$ -	$ 3,682	$ -
La Ronge Home Care	14,514	-	-	-	14,514	-
PineHouse Home Care	950	-	-	-	950	-
Sandy Bay Home Care	1,241	-	-	-	-	1,241
Weyakwin Home Care	634	-	-	-	634	-
MCR Community Trust-Homecare	-	26,060	-	1,396	-	24,664
Total Community Trust Fund	**$ 21,021**	**$ 26,060**	**$ -**	**$ 1,396**	**$ 19,780**	**$ 25,905**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Sask Health Initiatives						
Sask Health Initiatives - Equipment	$ 208,666	$ -	$ 5,000	$ -	$ (140,278)	73,388
Sask Health Initiatives - Capital Projects	604,654	-	46,000	(188,885)	-	461,769
Total Sask Health Initiatives	**$ 813,320**	**$ -**	**$ 51,000**	**$ (188,885)**	**$ (140,278)**	**$ 535,157**
Non Sask Health Initiatives	(24,342)	3,860	-	(7,150)	-	(27,632)
Total Non-Government	**(24,342)**	**3,860**	**-**	**(7,150)**	**-**	**(27,632)**
Total Capital Fund	**$ 788,978**	**$ 3,860**	**$ 51,000**	**$ (196,035)**	**$ (140,278)**	**$ 507,525**

Schedule 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2016

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
Other Internally Restricted Funds	$ 46,593	$ 8,218	$ 820,057	$ -	$ (86,031)	$ 788,837
Total Internally Restricted	$ 46,593	$ 8,218	$ 820,057	$ -	$ (86,031)	$ 788,837

Schedule 5 A

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULES OF:
BOARD MEMBER REMUNERATION
for the year ended March 31, 2016

	2016							2015
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Ron Woytowich, Chair	$ 9,960	$ 7,913	$ 3,461	$ 5,146	$ -	$ 999	$ 27,479	$ 30,734
Lorraine Bear	-	2,200	2,136	3,999	-	136	8,471	9,569
Marlene Barzelle, Vice-Chair	-	2,266	839	1,358	-	170	4,633	13,207
Jean (Betsy) Kelly	-	2,800	200	76	-	96	3,172	4,541
Leslie Oystryk, Vice-Chair	-	3,250	2,306	4,352	-	217	10,125	15,993
Coralee Ylioja	-	-	-	-	-	-	-	4,714
Morris Zatwarnitski	-	4,637	1,950	3,519	-	-	10,106	6,847
Theodore Biemans	-	2,538	1,205	2,250	-	107	6,100	-
Lydia Gauthier	-	2,700	1,055	1,720	-	133	5,608	-
Albert Loke	-	2,625	1,205	2,119	-	142	6,091	-
Total	$ 9,960	$ 30,929	$ 14,357	$ 24,539	$ -	$ 2,000	$ 81,785	$ 85,605

Schedule 5 B

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULES OF:
SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2016

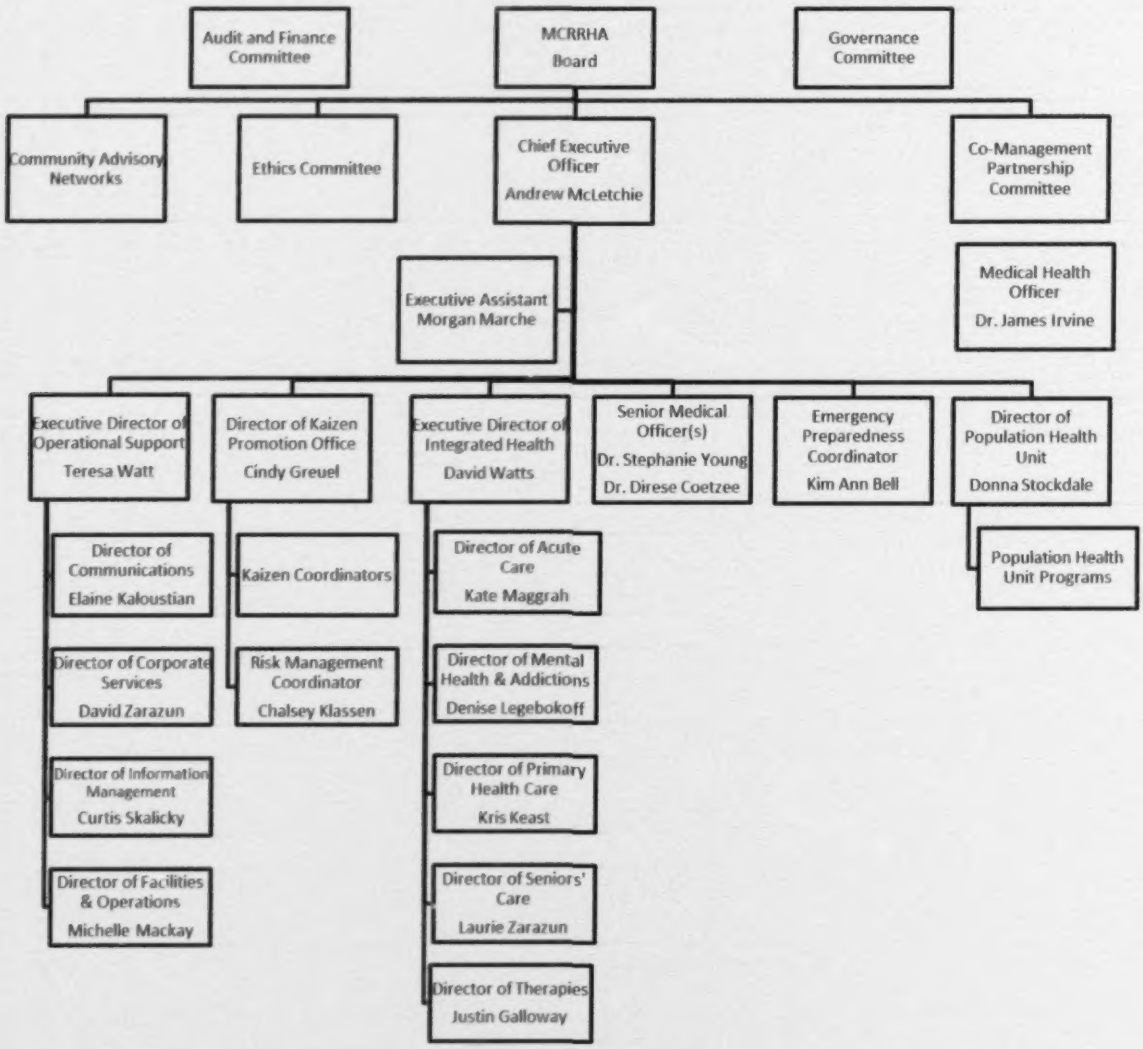
	2016					2015
Senior Employees	Salaries, [1]	Benefits and Allowances, [2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances [2]
Andrew McLetchie, CEO	$ 179,677	$ 9,114	$ 188,791	$ -	$ 188,791	$ 199,796
Sulav Pant, CFO	7,503	2,904	10,407	-	10,407	139,111
David Watts, Executive Director	135,497	7,654	143,151	-	143,151	144,517
Teresa Watt, Executive Director - Operational Support	123,668	7,987	131,655	-	131,655	129,678
Donna Stockdale, Director - Population Health	120,324	11,217	131,541	-	131,541	132,733
David Zarazun, Director of Corporate Services	99,341	6,655	105,996	-	105,996	-
Total	$ 666,010	$ 45,531	$ 711,541	$ -	$ 711,541	$ 745,835

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. The pay for performance compensation plan has been suspended for the 2014 - 15 to 2016 - 17 fiscal years. Senior employees will receive 100% of their base salary for 2014 - 15 to 2016 - 17. For further details refer to Note 15 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

Appendix A – Organizational Chart

The Mamawetan Churchill River Regional Health Authority is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions. Below is the organization chart as of February 1, 2016.



Appendix B - Payee List

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2016

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

SURNAME	Total	SURNAME	Total
Beaudin, Donovan	$ 92,616	Dufresne, Victor	$ 50,659
Ahenakew, Wendy	101,738	Eldridge, Rhonda	65,827
Aubichon, Melanie	89,176	Emisch, Jessica	61,554
Ball, Rance	50,970	Facci, Marina	124,171
Beckman, Bart	82,285	Finlay, Wanda	53,656
Bell, Kim Ann	91,789	Frain, Amanda	84,720
Bernabe, Tex	174,066	Franks, Albert	55,393
Bouter, Bernice	69,041	Frazer, Penny	85,727
Boyer, Audrey	85,446	Friesen, Crystal	87,764
Bratberg, Larene	112,106	Funk, Krista	113,130
Brock, Trent	101,193	Galloway, Justin	117,496
Browett, Rochelle	99,926	George, Jisha	106,764
Brown, Michelle	56,652	Goulet, Mildred	66,095
Brown, Todd	234,978	Gray, Janet	95,190
Burkholder, Joanne	56,726	Greuel, Bradley	53,469
Burman, Debora	68,422	Greuel, Cindy	126,855
Caisse, Donald	73,695	Grimard, JoAnne	62,187
Carlson, Carol	57,116	Haberman, Cory	101,843
Charles, Maryanne	98,728	Halland, Rachel	88,302
Chartrand, Genevieve	109,072	Hallberg, Dianne	104,287
Clarke, Sherry	102,221	Hamilton, Bonnie	66,687
Declare, Kendra	53,646	Hancheroff, Selena	57,032
Derouin, Alecia	89,004	Haydukewich, Karien	99,675
DesRoches, Wendy	83,076	Hegedus, Ariana	90,746

Personal Services (continued)

SURNAME	Total
Helary, Meaghan	$ 86,420
Hiebert, Julia	75,611
Hilderman, Deb	56,635
Holmes, Alida	186,901
Horne, Sandra	50,837
Howell, Maureen	52,724
Isbister, Darlene	68,942
Jacob, Anil	91,966
Johnson, Jennifer	107,335
Johnston, Laura	52,275
Joseyounen, Therese	84,801
Kaloustian, Elaine	93,832
Ketzmerick, Christa	99,191
Kinequon, Kristine	95,646
Kish, Chloe	58,113
Klassen, Chalsey	78,956
Koch, Warren	96,687
Koo, Kelvin	91,955
Kostuchuk, Tammy	50,037
Kowalik, Matthew	83,861
Kreklewetz, Kimberly	78,073
L'Heureux, Nicole	73,039
Laboucane, Amanda	96,014
Lariviere, Sophie	61,885
Legebokoff, Denise	121,783
Levi, Idan	87,741
Lim, Jacquelin	102,868
Mabee, Guy	63,676
Mackay, Michelle	118,431
MacNeil, Savanna	69,870
Maggrah, Katrina	84,965
Mark, Amy	68,764
Marple, Laurie	76,315
Maurice, Sharon	50,382
Mayotte, Virginia	66,499
McDonald, David	71,699
McDonald, Evelyn	77,295
McDonald, Melaney	94,260
McKay, Shannon	73,472

SURNAME	Total
McKenzie, Marie	$ 87,922
Mckenzie, Marie (E)	68,396
McLaughlin, Kaetlyn	80,353
McLeod, Lesley	85,154
McLetchie, Andrew	188,737
McNeil, Melissa	73,797
McPhail, Wendy	91,956
Merasty, Shandi	53,383
Mesfin, Rediate	193,364
Mineau, Myron	59,313
Misponas, Effie	66,759
Morin, Patricia	76,892
Morin, Vanessa	72,969
Myslicki, Crystal	109,261
Natomagan, Jackie	102,460
Natomagan, Janice	98,822
Natomagan, Lynette	61,119
Neethling, Yogandhri	90,827
Nefedow, Valerian	66,513
O'Brien Katie	87,376
O'Neill, Pippin	129,986
Olsen, Joan	71,872
Ormiston, Albert	87,980
Pacey, Bonnie	56,737
Parsons, Simone	53,488
Patience, Deborah	100,054
Pham, Jennifer	105,613
Pintoy, Margarita	54,668
Pollon, Betty	61,694
Pontague, Carol	158,227
Prokopchuk, John	119,02[illegible]
Quinn, Brian	106,241
Ratt-Misponas, Caroline	87,985
Ray, Joanne	78,102
Reid, Jennifer	102,084
Roberts, Shayla	88,551
Robinson, Haley	87,562
Ronning, Heather	232,219
Russell, Carly	108,064

Personal Services (continued)

SURNAME	Total	SURNAME	Total
Samoleski, Kenneth	$ 86,001	Stomp Kim	$ 66,717
Sampson, David	106,419	Storozuk, Karen	82,954
Sanche, Marc	84,326	Thomson, Lindsay	89,667
Sanderson, Audrey	62,826	Turner, David	100,333
Sanderson, John	58,043	Van Meppelen, Alexander	68,260
Senft, Laurie	73,785	Vancoughnett, Kim	75,146
Senik, Janet	92,467	Vandergucht, Francine	100,539
Simon, Cordell	50,794	Vincent, Jay	85,714
Skalicky, Curtis	118,164	Watt, Dorla	112,633
Skalicky, Patricia	79,047	Watt, Teresa	131,600
Skogstad, Shaun	52,018	Watts, David	143,097
Slugoski, Deena	95,940	White, Nicole	114,867
Smith, Phyllis	91,101	Wilson, Jody Lee	96,057
Sommerfeld, Erica	80,512	Wolkosky, Charmaine	61,351
Spooner, Katherine	67,580	Young, Maxwell	189,210
Stange, Calyn	78,463	Zarazun, David	108,717
Stockdale, Donna	135,187	Zarazun, Laurie	136,630

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

	Amount		Amount
Associated Radiologists	$ 71,510	Osprey Wings Ltd.	$ 53,041
Canada Customs & Revenue Agency	67,122	P3A	112,968
Canadian Imperial Bank of Commerce	134,024	Parkland Emergency Medical Services	107,877
Deloitte & Touche LLP	58,420	PEBA/Public Emp. Pension Plan	130,315
Dr. Stephanie Young Med. Prof. Corp.	82,288	Peter Ballantyne Cree Nation	125,000
Dr. Direse Coetzee	74,883	Rachel Steinke	74,521
Ehealth Saskatchewan	65,942	Revenue Canada	5,675,786
Great West Life	97,840	Revenue Canada	59,973
Guerin Stewart Podiatry Clinic	51,400	S.A.H.O.	157,041
Hospira Healthcare Corp.	65,554	S.A.H.O. Dental Benefits	108,502
Irene Erikson	68,190	S.A.H.O. Dip Benefits	128,823
J.A. Steyn Med. Prof. Corp.	211,914	S.A.H.O. Extended Health Care	346,515
James Irvine	125,498	S.A.H.O. OOS Den. & Extended Care	51,289
Kaministikochiwak Devel. Corp.	136,231	Sandra Ericson	94,701
KYRHA	151,152	Sask Power	152,725
McKesson Canada	72,099	Sask Tel	123,191
MCRHD Capital Account	60,789	Sask Worker's Compensation Brd.	286,734
Medi-Cross Pharmasave	128,684	Saskatchewan Healthcare	2,468,773
MHPM Project Managers Inc.	75,933	Saskatchewan Union of Nurses	60,682
Minister of Finance	289,847	Saskenergy	77,410
Ministry of Government Services	346,084	Schaan Healthcare Products	110,297
North Sask Laundry & Support Services	97,995	SGEI-Local	110,331
Nurse Next Door	99,258	SGEU	82,954
Nurse Relief Incorporated	55,020	Sysco Food Services of Regina	210,334
Ortho - Clinical Diagnostics	68,847	Transwest Air	572,425
Ortho - Clinical Diagnostics	52,800		
			$ 14,291,531

Appendix C - Partnerships

"Together in Wellness" is more than just a slogan for the Mamawetan Churchill River Regional Health Authority. Working together with other individuals and organizations is critical to achieving our mandate, and to contributing to the well-being of the larger community. Following are some of the partnerships our regional health authority is engaged in.

Children North - Early Childhood Intervention Program (ECIP)

Children North - Early Childhood Intervention Program (ECIP) is one of 14 agencies in Saskatchewan providing family centered and home based early childhood intervention support. Children North provides services to families in La Ronge, Grandmother's Bay, Sucker River, Stanley Mission, Hall Lake and Pinehouse. ECIP families have children with special and specific needs and who are not yet enrolled full time in school. ECIP's support to families is based on the families' needs and may include:

- Access to information about children with disabilities, developmental delays and or behavioural concerns. The child may be affected by Fetal Alcohol Spectrum Disorder, chromosomal anomalies, neurological or genetic disorders, congenital malformations, other spectrum disorders, chronic medical illnesses;
- Regular home visits to complete screening for developmental milestones, and provide information on parenting and disabilities;
- Coaching on strategies to enhance the child's development, and the relationship between parent, child, and community;
- The Cognitive Disability Strategy (CDS) which operates out of the ECIP office;
  Service coordination, case management, referral to other supports;
- Accompaniment to local and regional medical appointments, research and advocacy.

Children North also offers family support from a Family Support Worker. This is a home-based, outreach program working with vulnerable families and their children. Using a positive, strength-based approach, the Assistant may mentor parents to build their skills in maintaining a healthy home. Parents may need assistance learning housekeeping, doing laundry, budgeting, meal preparation, developing routines, making and keeping appointments, or connecting with other services in the community. The Assistant may also work with parents to establish and maintain healthy relationships with other parents.

On September 1, 2015, Children North introduced the Father Engagement Program, which is supported in part through a grant from the Community Initiatives Fund. This program is similar to programs offered in larger urban centres and provides assistance to fathers with their parenting skills by giving them an opportunity to find common ground with other local fathers who have similar parenting experiences, as well as work on social and communication skills.

Self-referrals to Children North are accepted, and all services, including access to the toy and resource lending libraries are free. For more information, contact the Director at 306-425-6600.

Community Advisory Networks (CAN)

Community Advisory Networks are established by the Regional Health Services Act. They consist of volunteers from our various communities who assist the Health Authority to understand the needs, preferences and priorities of the people and communities, and advise the Authority on broad issues. If you wish to join a Community Advisory Network, or would like more information, please contact the Director of Communications at 306-425-4812.

Community Vitality Monitoring Partnership

Working with northern communities, health and education agencies, the Northern Mines Monitoring Secretariat, as well as industry (Areva and Cameco), this partnership involves the development of monitoring process for social impacts of uranium mining developments in northern Saskatchewan. Mamawetan Churchill River Regional Health Authority is represented on the Steering Committee by the Medical Health Officer who is the chair of the Steering Committee. One of the recent initiatives was the release and dissemination of the CVMPP Study of the Effects of the Uranium Industry Health and Wellness Programs.

Creighton Alcohol and Drug Abuse Council (CADAC)

CADAC is an incorporated Health Care Organization with its own Board of Directors. Through a funding agreement with the Mamawetan Churchill River Regional Health Authority, it provides addictions prevention and intervention services to residents in Creighton and surrounding areas.

CADAC has initiated a number of programs and is involved in a variety of committees within the community. CADAC may be reached by calling 306-688-8291.

Creighton Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Creighton Interagency Committee. The committee members' work together to address community needs.

Creighton School Division

Creighton Community School is part of Creighton School Division #111. The Mamawetan Churchill River Regional Health Authority dental program is located at the school, and Mamawetan Churchill River Health Region public health nurses provide immunizations and educational programs.

Diabetes Education Network (DEN)

The Diabetes Education Network (DEN) is a group of community members and health care professionals interested in learning about diabetes together. DEN is an initiative of Mamawetan Churchill River Regional Health Authority and Lac La Ronge Indian Band.

First Responders

First Responders are registered volunteers who have successfully completed a first responder training program. They are dispatched to an emergency only after the local ambulance service has been notified. In the Mamawetan Churchill River Health Region, first responders are based in Grandmother's Bay, Southend, Deshambault, Pelican Narrows, Sikachu, Sucker River, Hall Lake, Weyakwin, Jan Lake, Sandy Bay and Pinehouse Lake. This program operates through a partnership between Mamawetan Churchill River Health Region, the Lac La Ronge Indian Band Health Services, and Peter Ballantyne Cree Nation which together pay for the original training and equipment. The regional health authority, through a first responder facilitator, ensures the first responders are registered and arranges for regular in-services.

Flin Flon Ambulance

Through a funding agreement with the regional health authority, Flin Flon Ambulance staff provides ambulance services in the Creighton, and Denare Beach.

Hatchet Lake First Nation Health Services

Located at a Health Centre in Wollaston Lake, and funded through Health Canada, the Hatchet Lake First Nation Health Services provides health care to residents of the area. The Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

Health Quality Council

The Health Quality Council (HQC) is an independent agency that measures and reports on quality of care in Saskatchewan, promotes improvement, and engages its partners in building a better health system. HQC was created by the government in 2002 to partner with health regions for the common goal of improving quality of health care in this province.

J.A. Steyn Professional Medical Corporation

Through funding agreements, the J.A. Steyn Professional Medical Corporation provides physician services to the Mamawetan Churchill River Health Region at Sandy Bay.

Jeannie Bird Clinic

See Lac La Ronge Indian Band Health Services

Kids First North

Kids First is a program that helps families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, provides support, and builds on family strengths.

The Mamawetan Churchill River Regional Health Authority partners with the Kikinahk Friendship Centre in this initiative. The region provides prenatal referral and support; in-hospital screening; breastfeeding support and encouragement; assessment; and home visiting services in La Ronge.

Through Mental Health Services, we partner to provide a mental health and addictions Team and Family Counsellor to KFN families and staff in the communities of La Ronge, Sandy Bay, and Pinehouse.

Kikinahk Friendship Centre

The Kikinahk Friendship Centre is located in La Ronge. Regional Health Authority staff collaborate with Kikinahk program staff on committees such as the Pre Natal Baby Friendly Committee and projects relating to sexual health. Funding flows through the Mamawetan Churchill River Regional Health Authority from the province to the Kikinahk Friendship Centre for the administration of the Northern Human Services Partnership.La Ronge Emergency Medical Services (EMS)

La Ronge EMS

La Ronge EMS is a privately-owned company. Through a funding agreement with the Regional Health Authority, La Ronge EMS staff provides ambulance services in the La Ronge area.

La Ronge Medical Clinic

Four registered nurse case Managers are employed by the Regional Health Authority and work in partnership with the physicians and administrative support team at the La Ronge Medical Clinic. The La Ronge Medical Clinic is located at 809 La Ronge Avenue along the shore of Lac La Ronge and is a university affiliated teaching practice operated by Northern Medical Services, a division of the Department of Academic Family Medicine of the University of Saskatchewan.

The clinic offers medical services for scheduled appointments, minor emergency services, health counseling and regular visiting specialist clinics to the people of La Ronge and the neighbouring communities.

Physicians also provide services to the La Ronge Health Centre Emergency, Outpatients, Acute Care, and Long Term Care departments. As well, regular clinics are scheduled at Wollaston Lake, Stanley Mission, Pinehouse Lake and Southend.

The phone number for the La Ronge Medical Clinic is 306-425-2174. Hours are Monday through Friday from 9:00 a.m. to 5:00 p.m.

La Ronge Ministerial Association

On a voluntary basis, clergy in La Ronge provide a chaplaincy service to patients at the La Ronge Health Centre and residents of Nikinan (Long Term Care). As well, members of the Ministerial Association take turns conducting worship services in Nikinan on Sundays and special occasions.

Lac La Ronge Indian Band Health Services

Headquartered at the Jeannie Bird Clinic on Far Reserve, the Lac La Ronge Indian Band Health Services provide a wide range of health services for members of the Lac La Ronge Indian Band. Health Clinics are also located in Grandmother's Bay, Hall Lake, Sucker River and Little Red River.

The Mamawetan Churchill River Regional Health Authority collaborates with Lac La Ronge Indian Band Health Services on committees such as the Pre Natal Baby Friendly Committee, National Addictions Awareness Week, and in the training of first responders.

The Jeannie Bird Clinic may be contacted by calling 306-425-3600.

New North - Saskatchewan Association of Northern Communities Services, Inc.

New North is comprised of 35 member communities with the goal of enhancing the quality of life for northern people within the Northern Administration District of Saskatchewan. Mamawetan Churchill River Regional Health Authority staff collaborates with the various councils in emergency planning and in training programs for municipal workers.

Northern Health Region - Manitoba

The Northern Regional Health Authority (Northern Health Region) was created in May 2012 through the amalgamation of the former NOR-MAN and the Burntwood Regional Health Authorities. The Northern Health Region is geographically, the largest of the five RHAs in the province of Manitoba. In addition to providing services to that area of the province, it

also provides services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing. A funding agreement for the provision of these services exists between the two provinces.

North Sask Laundry & Support Services LTD

North Sask Laundry is a non-profit organization whose purpose is to provide linens for the following regional health authorities: Kelsey Trail, Prairie North, Prince Albert Parkland and Mamawetan Churchill River. In 2015-16, MCRRHA Board Member Marlene Barzeele and Morris Zatwarnitski sat on the Board of North Sask Laundry along with Director of Facilities and Operations, Michelle Mackay. North Sask Laundry & Support Services LTD ceased contract operations with MCRRHA on October 8, 2015 with provincially operated K-Bro Linen Services assuming laundry services effective October 12, 2015.

North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN)

NSN works to provide enhanced opportunities for people with disabilities to have safe and appropriate housing, meaningful employment, and rewarding recreational activities. Special needs can result from physical or mental disabilities. The non-profit organization is based in La Ronge and acts as a service delivery agent for programs funded by the regional health authority. NSN may be reached by phone at 306-425-4990 or email at: nsn.laronge@sasktel.net

Northern Inter-Tribal Health Authority

The mission of the Northern Inter-Tribal Health Authority (NITHA) is to provide professional support, advice and guidance to its partners (the Prince Albert Grand Council, the Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, and the Lac La Ronge Indian Band). This enables them to better meet the health needs of their communities. The Mamawetan Churchill River Regional Health Authority collaborates with NITHA on a variety of initiatives.

Northern Health Authorities Co-management Partnership Committee

The three northern health authorities, the Athabasca Health Authority, the Keewatin Yatthé Regional Health Authority and the Mamawetan Churchill River Regional Health Authority, are signatories to a Memorandum of Understanding establishing the Northern Health Authorities Co-management Partnership Committee. The goal of this committee is to improve the health and well-being of the people of northern Saskatchewan by working together in the development of healthy public policy and providing a strong northern voice for various provincial health and other intersectoral initiatives and programs. The objective is also to collaborate, when appropriate, in delivering efficient and cost-effective health programs across the north. One major collaborative initiative is the Population Health Unit, with components which have a north-wide legislative function for The Public Health Act, such as environmental health and communicable disease monitoring.

Northern Healthy Communities Partnership

Through the Northern Healthy Communities Partnership (NHCP) organizations become part of a network that's working proactively to improve the health of northern Saskatchewan residents. As part of NHCP teams, professionals from across northern Saskatchewan and the province develop connections, motivation and specialized tools to help them be more effective in their everyday work. NHCP partner organizations are able to have a greater impact on the populations they serve through collaborative, collective efforts, achieving healthier communities together."

Northern Human Services Partnership/Northern Regional Intersectoral Committee

The Northern Human Services Partnership (NHSP) is a human service interagency partnership focused on working collaboratively to improve northern quality of life. The Partnership's mandate is to "further the ability of agencies and communities to make the best use of opportunities and to develop and nurture northern responses to complex and serious issues and challenges." The membership consists of management from northern human service organizations. Current priorities include initiatives focused on the Early Years, First Nations and Metis Engagement, Supporting Collaboration and Vulnerable Populations with initiatives such as Northern Early Years Coalition, Breaking Trails Family Place, Lac La Ronge Community Mobilization and the recent First Nations and Metis Engagement Gathering. Check out www.nhsp.ca for more information.

Northern Labour Market Committee

The mandate of the Northern Labour Market Committee is to identify and assess emerging labour market and economic development issues in northern Saskatchewan and recommend or initiate actions that will enable residents to benefit from training, employment, and economic activities in their region. The Mamawetan Churchill River Regional Health Authority participates in the Northern Health Sector Training Sub-Committee.

The NLM HSTS's mandate is two-fold:

- To determine and assess employment and training needs of the health sector in Northern Saskatchewan.
- To develop and oversee the implementation of a long term training strategy to train Northerners for a range of occupations in the Northern Health Sector.

Northern Lights School Division #113

The majority of schools in the Mamawetan Churchill River Health Region fall under the jurisdiction of the Northern Lights School Division. The region collaborates with the various schools to provide dental services, immunizations, and educational programs.

Northern Medical Services

Northern Medical Services is a division of the Department of Academic Family Medicine of the University of Saskatchewan. NMS is responsible for staffing the La Ronge Medical Clinic and ensuring that there are physicians to provide the necessary services in La Ronge and the communities of Wollaston Lake, Stanley Mission, Pinehouse and Southend.

Northern Mines Monitoring Secretariat (NMMS)

The NMMS is a body of federal and provincial ministries, agencies and departments and the Ministry of Health represented by the Medical Health Officer for Mamawetan Churchill River Regional Health Authority to facilitate and coordinate assessment and monitoring initiatives of uranium mines as well as to support Northern Saskatchewan Environmental Quality Committees.

Northlands College

Northlands College is a publicly funded regional college with campus centres located in La Ronge, Buffalo Narrows and Creighton. The Mamawetan Churchill River Regional Health Authority collaborates with the college to deliver programs

such as the Health Careers Access program, the Special Care Aide and Licensed Practical Nurse training programs. The region provides practicum work placements.

Other Health Regions

In alphabetical order, here is a list of other health regions in Saskatchewan:

- Athabasca Health Authority
- Cypress Health Region
- Five Hills Health Region
- Heartland Health Region
- Keewatin Yatthé Health Region
- Kelsey Trail Health Region
- Prairie North Health Region
- Prince Albert Parkland Health Region
- Regina Qu'Appelle Health Region
- Saskatoon Health Region
- Sun Country Health Region
- Sunrise Health Region

Peter Ballantyne Cree Nation Health Services Inc.

Through a funding agreement with the health region, the Peter Ballantyne Cree Nation Health Services Inc. provides ambulance services in the Pelican Narrows area. Peter Ballantyne Cree Nation Health Services Inc. also has health centres in the communities of Pelican Narrows, Deschambault Lake, Sturgeon Landing and Southend. The Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

Pinehouse Reclaiming Our Community Committee (ROC)

The Mamawetan Churchill River Regional Health Authority is one of almost 25 groups that make up the Pinehouse ROC Committee. The committee works together to address community needs. The organization was a 2008 recipient of the Northern Health Excellence Award for Partnership Development.

Pre-Natal Baby Friendly Committee (La Ronge)

In La Ronge, the Mamawetan Churchill River Regional Health Authority works with other organizations to ensure that pregnant women and families with babies receive the information and support they need to give their babies a healthy start in life. The committee hosts prenatal classes and educational sessions for professionals.

Sandy Bay Interagency Committee

The Mamawetan Churchill River Regional Health Authority is one of a number of groups that make up the Sandy Bay Interagency Committee. The committee members work together to address community needs.

Saskatchewan Cancer Agency

The Saskatchewan Cancer Agency provides leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment, and research. The Regional Health Authority collaborates with the Saskatchewan Cancer Agency in delivering the services of the mobile screening unit for breast cancer and the colorectal screening program.

Saskatchewan Ministry of Environment

Mamawetan Churchill River Regional Health Authority partners closely with the Saskatchewan Ministry of Environment on a wide variety of initiatives such as reviews of environmental impact assessments, the assessment of human health risks in a variety of communities from contaminated sites, the health risk assessments of country food, and joint training for municipal workers.

Saskatchewan Ministry of Health

The Regional Health Authority works closely with the Saskatchewan Ministry of Health and receives operational and capital funding through the Ministry. As well, the Ministry provides central coordination of program delivery.

Saskatchewan Association of Health Organizations (SAHO)

SAHO provides leadership in the development of labour and employee relations policies and is engaged in the negotiation and interpretation of collective bargaining agreements (CBAs) between health care employers and the unionized workforce. Researching and defining job classification systems, ensuring pay equity across the province, wage market supplements and providing consulting services to health employers are among the many responsibilities of SAHO.

Shared Services Saskatchewan (3sHealth)

Established in 2012, 3sHealth is leveraging economies of scale, best practices and shared expertise, working collaboratively with the health regions and Saskatchewan Cancer Agency to improve quality and efficiency of selected administrative and support services. The services play a critical role in improving health system quality and achieving cost savings that will support investments into direct patient care.

Stanley Mission Health Services

The First Nations organization, Stanley Mission Health Services, serves the residents of the community of Stanley Mission. The Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

Town of La Ronge

With provincial funding, the Town of La Ronge purchased and maintains a Handivan for the use of Regional Health Authority homecare and social wellness programs.

Volunteers

The La Ronge Health Centre has a volunteer program that coordinates the time, talents and energy of volunteers to complement the work of staff and other community services. Volunteers are valued members of the team and provide assistance in a number of areas, including assistance with activities, meals on wheels, transportation, and palliative care. A special effort is made to provide youth in the community with volunteer opportunities. For more information, contact the Volunteer Coordinator at 306-425-4803.